

Case Number:	CM14-0018683		
Date Assigned:	04/18/2014	Date of Injury:	07/11/2011
Decision Date:	07/02/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 41-year-old gentleman who was injured on 07/11/11 sustaining an injury to the neck. Records include a 01/24/14 follow up with complaints of neck pain with radiating bilateral shoulder pain, left greater than right with the examination showing pain, full cervical range of motion and diminished sensation to the left index finger and diminished left biceps reflex. Reviewed was a cervical MRI report of 07/18/13 that showed disc protrusions at C5-6 and C6-7 with mild canal and foraminal narrowing, but no documentation of neural compressive pathology. The claimant has failed physical therapy, medication management, chiropractic care and work restrictions. At present there is a two level C5-6 and C6-7 anterior cervical discectomy and fusion recommended.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

C5-6 AND C6-7 ANTERIOR MICRODISKECTOMY AND FUSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

Decision rationale: This is a 41-year-old gentleman who was injured on 07/11/11 sustaining and injury to the neck. Records include a 01/24/14 follow up with complaints of neck pain with radiating bilateral shoulder pain, left greater than right with the examination showing pain, full cervical range of motion and diminished sensation to the left index finger and diminished left biceps reflex. Reviewed was a cervical MRI report of 07/18/13 that showed disc protrusions at C5-6 and C6-7 with mild canal and foraminal narrowing, but no documentation of neural compressive pathology. The claimant has failed physical therapy, medication management, chiropractic care and work restrictions. At present there is a two level C5-6 and C6-7 anterior cervical discectomy and fusion recommended.