

Case Number:	CM14-0127446		
Date Assigned:	08/15/2014	Date of Injury:	12/28/2010
Decision Date:	09/15/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/12/2014

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:

The claimant is a 54-year-old female who sustained an injury to the neck in work related accident on 10/28/12. The medical records provided for review document that the claimant has failed a significant course of conservative care including epidural steroid injections, medication management, physical therapy and activity modification. The report of an MRI of the cervical spine dated 11/16/12 revealed disc space narrowing and endplate changes at the C5-6 level with a 2 millimeter disc protrusion. There was multilevel 1 millimeter disc bulges at C3-4, C4-5, C6-7 and T2-3. There was no indication of spinal stenosis or compressive pathology documented. The 06/24/14 progress report noted ongoing neck complaints with radicular symptoms; there was no documentation of physical examination findings. The report recommended a C4-5 and C6-7 anterior cervical discectomy and fusion. The previous assessment on May 20, 2014 described continued complaints of neck and upper extremity pain with physical examination showing diminished right biceps reflex and weakness with right wrist extension and biceps strength. On that date surgery for a C4 through C6 fusion was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-to C6 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Treatment in Worker's Comp, 18th Edition, 2013: neck procedure - Fusion, anterior cervical.

Decision rationale: Based on California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for a C4-C6 fusion is not recommended as medically necessary. The medical records do not contain any documentation of compressive findings or instability at the C4-5 or C5-6 level to support the role of fusion procedure as recommended by ACOEM Guidelines. Without documentation of imaging demonstrating compressive pathology, the acute need of a two level operative process at the C4 through 6 levels would not be indicated.