

Case Number:	CM14-0140371		
Date Assigned:	09/10/2014	Date of Injury:	01/17/2012
Decision Date:	11/17/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/29/2014

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 50 year old gentleman involved in a work related injury on January 17, 2012. Medical records specific to the claimant's neck included the July 16, 2014 progress report documenting continued complaints of neck pain and a previous MRI scan revealing a disc protrusion at C5-6. The progress report also documented that prior electrodiagnostic studies failed to show evidence of cervical radiculopathy, but were positive for carpal tunnel syndrome bilaterally. Physical examination performed on July 16, 2014, showed hypoactive biceps reflex with subjective numbness into the thumb and index finger bilaterally. Plain film radiographs revealed disc space narrowing at C5-6. Based on failed conservative treatment, the recommendation was made for an anterior cervical discectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Fusion: Upheld

Claims Administrator 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: Neck and Upper Back (Acute & Chronic) Procedure Summary

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); Neck Chapter: Fusion, anterior cervical

Decision rationale: Based on the California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for an anterior cervical discectomy and fusion cannot be recommended as medically necessary. The medical records document that the claimant has negative electrodiagnostic studies and the formal imaging report of the cervical spine was not provided for review. The treating provider documents that the MRI scan revealed a 2 millimeter disc space protrusion at the C5-6 level. Without documentation of clinical correlation between the imaging findings, the negative electrodiagnostic studies and the claimant's current examination, the request for an anterior cervical discectomy and fusion cannot be supported.