

Case Number:	CM14-0150760		
Date Assigned:	09/19/2014	Date of Injury:	09/06/2011
Decision Date:	10/17/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/16/2014

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 Spinal 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 injured worker has chronic neck pain. MRI of the cervical spine shows disc bulges at C4-5, C5-6, and C6-7 without severe spinal stenosis. There multiple levels of foraminal narrowing. The patient continues to have chronic neck pain despite conservative measures. On physical examination, patient has reduced range of cervical motion. The patient has normal motor strength documented in the upper extremities. Normal reflexes are documented. At issue is whether multilevel cervical decompression fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion: C3-4, C4-5, C5-6, C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Pain chapter

Decision rationale: This patient does not meet established criteria for multilevel cervical fusion. Specifically, there is no documented evidence of instability, fracture, or tumor. There is no documented evidence of severe neurologic deficit. The patient does not have any red flag

indicators for spinal fusion surgery, such as fracture, tumor, or progressive deficit. The patient's MRI does not show severe cord compression. There is no evidence of myelopathy. Established criteria for multilevel cervical fusion surgery not met. Therefore, the request is not medically necessary.

Hospital stay x 2 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS neck pain chapter, ODG neck pain chapter

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Preoperative Testing, Author; Gyanendra K. Sharma, MD, FACP, FACC. FASE; Chief Editor: William A Schwer, MD.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS neck pain chapter, ODG neck pain chapter

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Vista cervical collar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS neck pain chapter, ODG neck pain chapter

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.