

Case Number:	CM14-0177441		
Date Assigned:	11/07/2014	Date of Injury:	12/05/2007
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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 Spine Surgeon and is licensed to practice in New York. 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 patient has a date of injury of December 5, 2007. The patient has chronic neck pain. Patient is diagnosed with degenerative disc condition at multiple levels in the cervical spine. MRI the cervical spine shows disc degeneration at C4-5, C5-6 and C6-7. At C5-6 there is foraminal stenosis on the left side. At C6-7 there is a 4 mm disc protrusion. Electrodiagnostic studies show minimal right carpal tunnel syndrome and bilateral C5-6 radiculopathy. At issue is whether two-level ACDF surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Anterior cervical discectomy and fusion, C5-7: 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 rationale: This patient does not meet establish criteria for two-level anterior cervical spine decompression and fusion surgery. Specifically the medical records do not document evidence of cervical instability, fracture or tumor. The medical records do not document physical exam showing specific neurologic findings that correlated with specific areas of

compression on imaging studies. There is no evidence of clinical myelopathy. There is no evidence of severe radiculopathy. MTUS Criteria for cervical decompression fusion is not met.