

Case Number:	CM14-0022030		
Date Assigned:	05/09/2014	Date of Injury:	07/26/2012
Decision Date:	07/10/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/21/2014

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 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 is a 46-year-old female with a date of injury of July 26, 2012. She has chronic neck pain. She also has headaches and left shoulder pain. Physical exam shows cervical tenderness to palpation. A positive compression test. Spurling test is positive. There is a decrease range of cervical motion. The pHs are present in the C5-C7 dermatomes. Hawkins test is positive. The patient has had chiropractic care and medications. She continues to have pain. At issue is whether C4-C7 anterior cervical discectomy and fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C7 ANTERIOR CERVICAL MICRODISCECTOMY WITH IMPLANTATION OF HARDWARE AND REALIGNMENT WITH REDUCTION OF LISTHESIS: 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): 186.

Decision rationale: This patient does not meet establish criteria for multilevel cervical discectomy and fusion surgery. Specifically, there is no evidence of specific radiculopathy or myelopathy that is correlated with specific compression on MRI imaging studies. There is no

evidence of progressive neurologic deficit. The patient has no red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Therefore, the request for C4-C7 anterior cervical microdiscectomy with implantation of hardware and realignment with reduction of listhesis is not medically necessary.