

Case Number:	CM14-0023439		
Date Assigned:	05/12/2014	Date of Injury:	02/01/2010
Decision Date:	07/11/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/24/2014

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 53-year-old male with chronic neck pain. Physical examination patient is painful flexion-extension spasm of the muscles. Decreased sensation at C5-6 and 7 dermatomes bilaterally with decreasing grip strength bilaterally in muscle strength is 4-5 on flexion-extension the elbows bilaterally. There is no MRI imaging in the records. Neurophysiologic testing does not show cervical radiculopathy or myelopathy and the patient has had physical therapy, medications and pain management and continues to have pain.

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 WITH INSTRUMENTATION, C5-6 AND C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: This patient has chronic axial neck pain. The medical records do not contain documentation of an MRI imaging study. There is no documented instability. There is no examination documented finding of myelopathy and no clearly documented cervical

radiculopathy on examination that is correlated with the cervical MRI findings. Fusion and decompression surgery for disc degeneration for axial neck pain without defined radiculopathy or myelopathy and that is NOT substantiated with MRI imaging of neural compression is not likely to relief symptoms in cases of multiple levels of cervical degeneration. The patient has neuro diagnostic testing that does not demonstrate cervical radiculopathy. Again the medical records do not contain any documentation of MR imaging of the cervical spine showing instability or spinal cord or significant nerve root compression. MTUS criteria for neck decompression and fusion are not met and the request is not medically necessary.