

Case Number:	CM14-0026179		
Date Assigned:	06/16/2014	Date of Injury:	10/21/2008
Decision Date:	07/16/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/28/2014

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 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 a date of injury of October 2008. The patient has chronic neck pain radiating to the for extremities. The patient has a history of previous neck fusion. His examination shows tenderness to palpation the neck. There is weakness of the left deltoid is diminished sensation over the bilateral deltoids. X-rays of the cervical spine show retropulsion of the screws at C4-5 with possible pseudarthrosis. There is a disc bulge at C3-4 with degeneration and bilateral foraminal stenosis. MRI the cervical spine shows C3-4 disc degeneration with retrolisthesis. There C4-5 foraminal narrowing. At issue is whether 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:

ANTERIOR CERVICAL DISCECTOMY FUSION: Upheld

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

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

Decision rationale: The patient has had previous attempted fusion at C4-5 and now has pseudarthrosis with backing out of the anterior screws. The patient is having symptoms

consistent neck pain and dysphagia. Imaging studies documented pseudarthrosis. MRI documents degenerative changes above the C4-5 with foraminal narrowing and spinal stenosis. The patient has symptoms referred to the bilateral upper extremities consistent with dermatomal distribution of C3-4 and C4-5. The patient has failure fusion with failure of hardware and spinal stenosis, criteria for two-level anterior cervical discectomy and fusion with removal of hardware are met. The surgery should be approved.