

Case Number:	CM14-0027629		
Date Assigned:	03/07/2014	Date of Injury:	02/17/2010
Decision Date:	05/28/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/16/2014

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 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 claimant is a 48 year old who was injured in a work related accident on February 17, 2010. The records available include October 23, 2013 progress report indicating ongoing complaints of neck pain with interval radiating pain to the upper extremities. The physical examination findings showed restricted cervical range of motion with a positive left sided spurlings test and a neurologic evaluation showing diminished sensation to the left index long and small digit with left tricep weakness. Radiographs showed foraminal stenosis and degenerative changes C5-6 and C6-7. The previous documentation of cervical MRI demonstrated disc degeneration, foraminal stenosis at C5-6 and C6-7. Based on failed conservative care operative intervention was recommended for further therapeutic intervention. A two day inpatient hospital stay and use of an assistant surgeon was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5/7 ANTERIOR CERVICAL FUSION WITH ASSISTANT AND 2 DAY HOSPITAL STAY: Upheld

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

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

Decision rationale: The Cervical C5-7 Anterior Fusion has already been approved by Utilization Review. The Official Disability Guidelines state that after an Anterior Cervical Fusion, the recommended length of stay is 1 day. The requested 2-days exceed guideline recommendations and is therefore not medically necessary.