

Case Number:	CM14-0027649		
Date Assigned:	06/20/2014	Date of Injury:	11/03/2009
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/04/2014

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 56-year-old male with a date of injury of November 3, 2009. He is diagnosed with cervical disc displacement without myelopathy. He has chronic neck pain. MRI of the cervical spine shows C3 for moderate left foraminal stenosis, C4-5 moderate left foraminal stenosis, C5-6 moderate left and right foraminal stenosis. There is also C6-7 moderate right foraminal stenosis. Electrodiagnostic studies November 2012 suggest left C6 and C7 chronic radiculopathy. Patient had multiple foraminotomies and decompression at C4-5, C5-6 C6-7 in November 2009 with initial improvement but then continued pain. Physical examination reveals tenderness over the cervical musculature and left trapezius. There is decreased neck range of motion. Grip strength is diminished on the left. Sensation is decreased of the left forearm and median nerve distribution. Motor strength is described as good.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical spine fusion C4-7 with one day inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186-187.

Decision rationale: This patient does not meet criteria for three-level anterior cervical discectomy and fusion surgery. Specifically, the physical examination does not clearly correlate with imaging studies showing specific radiculopathy and compression of nerve roots that are affected on physical examination. In addition, there is no documented instability, fracture, or tumor. Multiple levels of cervical fusion are not likely to relieve patient's axial neck pain complaints. Also, the patient does not have documented myelopathy. There is no documented progressive neurologic deficit. Therefore, the request for anterior cervical spine fusion C4-7 with one day inpatient stay is not medically necessary.