

Case Number:	CM14-0029556		
Date Assigned:	03/19/2014	Date of Injury:	11/09/2012
Decision Date:	05/22/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/07/2014

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 47 year old male who was injured in a work related accident on November 9, 2012, sustaining an injury to the neck. The orthopedic progress report with [REDACTED], January 31, 2014, indicated ongoing complaints of neck pain radiating left upper extremity complaints. It states that the claimant failed conservative care including epidural steroid injection series. The complaints were neck and radiating pain to the hand. The physical examination findings demonstrated restricted range of motion at endpoints of flexion and extension. There were no noted sensory, motor or deep tendon reflex changes. Radiographs revealed disc degeneration at C2-3, C4-5 and C5-6 and review of MRI report from March 7, 2013, showed disc protrusions at C4-5 and C5-6 with stenotic findings right greater than left. Based on the claimant's failed conservative measures, operative intervention in the form of a two level anterior cervical discectomy and fusion at the C4-5 and C5-6 level was recommended for further definitive care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR DISCECTOMY AND FUSION AT BOTH LEVELS C4-5, C5-6: 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): 166, 180-183.

Decision rationale: Based on the CA ACOEM Guidelines, surgical process in the form of fusion is not indicated. The CA MTUS states that clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term and unresolved radicular symptoms after receiving conservative treatment. The current clinical records do not indicate formal findings of radiculopathy consistent with the claimant's C4-5 or C5-6 level that would support the acute need of operative process. The absence of the clinical correlation between physical examination findings and the claimant's clinical imaging would not necessitate surgery at the present. Therefore, the requested services are not medically necessary or appropriate at this time.