

Case Number:	CM14-0031927		
Date Assigned:	06/20/2014	Date of Injury:	04/19/2012
Decision Date:	07/23/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/13/2014

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 Neurological 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 injured worker is a 52-year-old male who was reportedly injured on April 19, 2012. The mechanism of injury was noted as while walking, a trip and fall occurred resulting in a cervical spine injury. The most recent progress note indicated that there were ongoing complaints of neck pain after a C3-C4 anterior cervical discectomy and fusion. A degenerative spondylolisthesis had been identified. The physical examination demonstrated pain with motion and a limited cervical spine range of motion. Diagnostic imaging studies objectified the cervical fusion to be consolidating. Previous treatment included cervical spine fusion. A request had been made for anterior cervical fusion and was not certified in the pre-authorization process on February 24, 2014. The original request for a C3-C4 anterior discectomy with fusion and possible additional levels with spinal cord monitoring was certified in a modified basis. The notes reflect that the C3-C4 anterior discectomy and fusion were certified and the additional levels were not.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-4 anterior discectomy and fusion with allograft plate fixation with possible additional levels and spinal cord monitoring: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: Spinal fusion is recommended for Sub-Acute and chronic radiculopathy (insufficient evidence) and cervical discectomy with fusion is recommended for patients with subacute or chronic radiculopathy due to ongoing nerve root compression who continue to have significant pain and functional limitation after at least 6 weeks of time and appropriate non-operative treatment. It was noted that the anterior cervical fusion at C3-C4 had been certified, and that the vague "additional levels" were not certified. The progress note indicated the cervical fusion had been completed. There was no clinical indication to repeat the surgery based on the data presented for review. As such, the request is not medically necessary and appropriate.