

Case Number:	CM14-0038244		
Date Assigned:	06/27/2014	Date of Injury:	11/24/2004
Decision Date:	08/07/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/01/2014

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 Ne 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 44-year-old with the date of injury November 24, 2004. The patient has chronic neck pain. Prior treatments included physical therapy, acupuncture, chiropractic care. Patient has had home traction a home exercise program. Medications and pain management along with a TENS (transcutaneous electrical nerve stimulation) unit has also been used. Patient underwent C5-6 ACDF 2010. Cervical MRI from November 2011 documents C5-6 anterior fusion with no stenosis at any at significant at any other level. CT scan from December 2011 documents stable anterior plate and screw fixation with no hardware complication. There was no evidence of bone graft incorporation of bone bridging between C5 and C6 vertebrae. X-rays from July 2013 document pseudoarthrosis at C5-6 with distal fracture the screw at C6. MRI update of the cervical spine document C5-C6 disc herniation with severe right C6 foraminal stenosis. At issue is whether revision cervical surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACDF (anterior cervical discectomy and fusion) at C6-7: Upheld

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

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

Decision rationale: This patient does not meet criteria for two-level revision anterior cervical fusion surgery. Specifically, the patient has a documented pseudarthrosis only at C5-6. There is no justification for two-level ACDF surgery. The C6-7 level does not have significant spinal stenosis on MRI imaging studies. Furthermore the medical records do not document physical exam findings indicating C7 radiculopathy or myelopathy. There is no role for two-level fusion surgery in this patient. Criteria for two-level anterior cervical fusion surgery not met. Since there is no significant identifiable pathology at the C6-7 level and there is no clear radiculopathy related to the C6-7 level on physical examination, there is no justification for C6-7 level surgery. The request for an ACDF at C6-C7 is not medically necessary or appropriate.