

Case Number:	CM14-0038985		
Date Assigned:	07/23/2014	Date of Injury:	08/11/2009
Decision Date:	10/01/2014	UR Denial Date:	03/07/2014
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 Spine Surgeon 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:

Patient's date of injury is August 11, 2009. MRI of the cervical spine from January 2014 shows 3 mm right paracentral foraminal C6-7 disc protrusion which mildly narrows the right lateral recess and neural foramina. The patient has chronic neck pain radiating to the arm. The pain is associated with numbness and weakness. Physical examination shows the neck is tender to palpation. There is a decreased range of motion. Spurling's sign is positive. Reflexes at the triceps were diminished bilaterally. Sensation revealed decreased bilateral C7 dermatome. The patient has had extensive nonoperative care without relief of symptoms. TENS unit was helpful. However, physical therapy and medications were not helpful. At issue is whether C6-7 ACDF surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interbody cage and anterior cervical plating: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), neck pain chapter.

Decision rationale: This patient does not meet establish criteria for anterior cervical decompression fusion surgery. Specifically, the MRI does not show severe impingement of any particular cervical nerve root. There is also no documented evidence of cervical instability fracture or tumor. There is no clear correlation between the patient's neurologic examination and MRI imaging showing some specific and significant compression of the cervical nerve root. Established criteria for cervical surgery not met.

Urgent assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Urgent Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Urgent anterior cervical decompression, instrumented Fusion C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines neck pain. Decision based on Non-MTUS Citation ODG neck pain chapter.

Decision rationale: This patient does not meet establish criteria for anterior cervical decompression fusion surgery. Specifically, the MRI does not show severe impingement of any particular cervical nerve root. There is also no documented evidence of cervical instability fracture or tumor. There is no clear correlation between the patient's neurologic examination and MRI imaging showing some specific and significant compression of the cervical nerve root. Established criteria for cervical surgery not met.

Allograft bone: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.