

Case Number:	CM14-0040415		
Date Assigned:	06/27/2014	Date of Injury:	10/14/2012
Decision Date:	07/29/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 59-year-old male with a date of injury of October 14, 2012. The patient has chronic neck pain. An MRI the cervical spine from March 2013 reveals C6-7-4 millimeter left foraminal disc protrusion with moderate left foraminal stenosis. There is also right foraminal stenosis at C6-7. At C5-6, there is a 2 mm disc bulge with mild stenosis. Neurophysiology report suggests chronic C7 nerve root irritation. Physical examination shows negative Spurling's test and normal motor exam the upper extremities. There normal reflexes in the upper extremities. The patient has been taking non-steroidal pain medication, tramadol, and also has chiropractics. At issue is whether spinal surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neck spine disk surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 180-183.

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 established criteria for cervical decompressive or fusion surgery. Specifically, the physical examination does not show any evidence of specific

radiculopathy that is correlated with specific compression on imaging studies of the cervical spine. In addition, there is no instability in cervical spine. The patient has no red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Cervical spine surgery is not medically necessary.