

Case Number:	CM14-0044741		
Date Assigned:	06/23/2014	Date of Injury:	09/13/2005
Decision Date:	09/12/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/20/2014

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, has a subspecialty in Orthopedic Spine 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 patient is a 44-year-old male with a date of injury of September 13, 2005 when he was involved in a motor vehicle accident. The patient has chronic neck pain. Physical examination shows decreased range of motion. Grip strength is 4-5 bilaterally. Motor strength in the bilateral upper extremities is 4+ over 5. Reflexes are hypoactive bilaterally. Sensation is generalized decrease. EMG shows no radiculopathy. MRI the cervical spine done in October 2013 shows degenerative disc condition at C6-7 with moderate narrowing of the left neural foramina and mild narrowing of the right neuroforaminal. 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:

C6/7 Anterior Discectomy Fusion Instrumentation, Allografting: 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. Decision based on Non-MTUS Citation ODG neck pain chapter.

Decision rationale: This patient does not meet the existing criteria for cervical decompression and fusion surgery. Specifically there is no clear correlation between MRI imaging study

showing specific compression of the nerve root and the patient's physical exam findings showing specific radiculopathy. There is no evidence of myelopathy. There is no evidence of instability. Additionally, there no red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Cervical decompression fusion surgery not medically necessary. Criteria for cervical fusion decompressive surgery not met.

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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

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 the primary procedure is not medically necessary, none of the associated services are medically necessary.