

Case Number:	CM14-0053823		
Date Assigned:	07/09/2014	Date of Injury:	11/17/2011
Decision Date:	09/22/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/22/2014

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 has a date of injury of 11/17/2011. The patient has chronic neck pain. Physical exam shows grip strength was 4/5 bilaterally. Sensation is normal. MRI shows C5-6 degenerative disk with moderate stenosis. EMG/NCS were normal. Treatments have included physical therapy, medications, and cervical injection, and C5-6 ACDF surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy with Interbody Fusion. C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS pages 186-187, ODG neck pain chapter.

Decision rationale: This patient does not meet established criteria for ACDF surgery. There is no instability, fracture, or tumor. There is no correlation between MRI imaging and the physical exam showing radiculopathy. Additionally, neurophysiologic testing is normal. There is no medical necessity for cervical decompression or fusion surgery.