

Case Number:	CM14-0064175		
Date Assigned:	07/11/2014	Date of Injury:	01/30/2012
Decision Date:	11/20/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/07/2014

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 Spinal 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:

The patient is a 46-year-old female with date of injury of January 30, 2012. The patient has chronic neck pain. An MRI study from March 2014 shows no evidence of disc protrusion or cord compression. There is slight kyphosis and no significant spinal stenosis. The patient continues to have neck pain. A physical examination documents full range of motion of the neck with normal sensation in the upper and lower extremities. The patient has normal gait. At issue is whether two-level cervical fusion is medically necessary. The patient has had physical therapy with no benefits. The patient has cervical lumbar ESI's with no difference. The patient continues to have chronic pain. At issue is whether two-level cervical fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomies, grafting, fixation C4-5, C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 185.

Decision rationale: This patient does not meet criteria for two-level cervical spine fusion surgery. Specifically the medical records do not document cervical instability, fracture or tumor.

Physical examination documented in the medical records does not demonstrate myelopathy or significant neurologic deficit. There is no documentation of significant neurologic deficit that clearly correlate with imaging studies showing specific compression of the nerve roots. The patient is not myelopathic. The patient has no red flag indicators for cervical decompression and fusion surgery such as fracture or tumor. Since instability and significant neurologic deficit are not present, criteria for two-level cervical fusion surgery not met. Therefore, the request is not medically necessary.