

Case Number:	CM14-0087793		
Date Assigned:	07/23/2014	Date of Injury:	07/15/2005
Decision Date:	10/01/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/11/2014

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 Spine 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 July 15, 2005. The patient has chronic neck pain radiating to the hands. On physical examination the patient has a tender cervical spine to palpation. Range of motion is diminished of the neck. Sensation is decreased in the C5 C6-C7 C8 dermatomes bilaterally. Motor exam shows decreased right deltoid biceps shoulder rotators wrists strength and grip strength. The patient is hyperreflexic in biceps brachial radialis and triceps. Hoffmann sign is negative and conus is negative. Spurling sign is negative. The patient is a smoker. The patient takes narcotic medication. Electrodiagnostic study from April 2014 was normal. MRI shows multiple levels of degenerative changes in the cervical spine. At issue is whether cervical surgeries are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative 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.

Pre-Operative Laboratory Exam: 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.

Posterior Spinal Fusion, Instrumentation and Decompression at C4-C5 and C5-C6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck Pain Chapter.

Decision rationale: This patient does not meet establish criteria for cervical spine surgery. Specifically there is no clear correlation between imaging studies and physical exam showing specific radiculopathy that is correlated with compression on imaging studies. In addition there is no documented evidence of instability fracture or tumor. There is no documented evidence of progressive neurologic deficit. There are no red flag indicators for cervical spine surgery such as fracture tumor or progressive neurologic deficit. There is no evidence of instability. Cervical spine surgery is not medically necessary. In addition the patient has normal EMG studies.