

Case Number:	CM14-0171199		
Date Assigned:	10/23/2014	Date of Injury:	06/07/2013
Decision Date:	01/16/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/16/2014

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:

This is a 55 year old female who reported an injury on 06/07/2013 after slipping on a wet floor and subsequently falling on her back. She was diagnosed with back pain, left shoulder impingement, lumbago, depression, vision disorder, hypertension, back contusion and chronic pain. An MRI dated 11/13/2013 revealed a mild left paracentral posterior disc protrusion with effacement of the adjacent anterior thecal sac and mild narrowing of the left neural foramina. She was seen on 05/01/2014 and noted with majority of pain complaint located in the lower back region; associated with left arm, shoulder pain and complicated with head pain. The patient had completed one therapy session with note of cancellation secondary to inability to perform with pain level. By 07/16/2014 the patient noted returning to physical therapy having had completed 7 sessions with noted improvement to left arm/shoulder discomfort. A physical therapy note dated 08/05/2014 stated refusing treatment secondary to uncontrolled hypertension. On 09/03/2014 an initial spine evaluation noted performed with request for surgery submitted. A request for services dated 10/01/2014 noted denied by Utilization Review on 10/08/2014 as not being medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C7 ACDF (anterior cervical discectomy and fusion): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS neck pain chapter page 186, ODG neck pain chapter

Decision rationale: This patient does not meet establish criteria for two-level decompression and cervical fusion surgery. Specifically there is no clear documentation of correlation between MRI imaging studies showing specific compression of nerve roots and physical examination showing specific radiculopathy. In addition there is no documentation of fracture or tumor or instability. There is no documentation a progressive neurologic deficit. Also, the medical records do not document that the patient has had an adequate trial and failure conservative measures to include physical therapy. More conservative measures are needed for the treatment of chronic neck pain. Two-level cervical fusion surgery not medically necessary. Guidelines for two-level cervical fusion surgery not met.