

Case Number:	CM14-0202758		
Date Assigned:	12/15/2014	Date of Injury:	07/14/2014
Decision Date:	02/18/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 June 1, 2014. The patient has chronic neck pain. The patient has an MRI from June 2014 that shows spondylitic spurring at C6-7. There is mild canal stenosis. At C3-4 there is a disc protrusion. At C5-6 there is fusion across the disc. The patient is a 64-year-old with chronic neck left arm and shoulder pain. Physical examination shows decreased range of motion of the neck. Patient has had conservative measures to include physical therapy medications. At issue is whether cervical decompressive surgeries medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C6-7 foraminal decompression vs C3-6 decompressive laminectomy/fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC; Neck & Upper Back Procedure Summary (updated 11/18/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186.

Decision rationale: Criteria for cervical decompressive surgery not met. There is no documentation of clear correlation between imaging studies showing specific compression of nerve root on physical exam findings showing specific radiculopathy. There is no back because of instability fracture or tumor. There is no back condition progressive neurologic deficit. There is no documentation of red flag indicators for cervical decompressive surgery such as progressive deficit neurologically, tumor or fracture. Medical necessity for cervical decompressive surgery not met. Therefore, this request is not medically necessary.