

Case Number:	CM14-0203888		
Date Assigned:	12/16/2014	Date of Injury:	07/31/2009
Decision Date:	02/04/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	12/05/2014

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 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 is a 55-year-old female with date of injury of July 31, 2009. The patient has chronic neck pain. She has had physical therapy, medications and epidural steroid injections with partial relief. Physical exam shows left wrist extension weakness and left biceps weakness. She has diminished biceps reflex. EMG testing from January 2014 shows mild C7 radiculopathy and mild left C6 radiculopathy. MRI shows C4-5 chronic disc degeneration with disc bulging. There is foraminal narrowing at C4-5 and C5-C6. At issue is whether two-level cervical fusion surgeries medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C6 anterior discectomy fusion with instrumentation, allograft, and spinal cord monitoring with a two day inpatient hospital stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179 - 182.

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 neck pain chapter page 186.

Decision rationale: This patient does not meet criteria for two-level cervical spine fusion surgery. Specifically, the physical exam does not clearly correlate with imaging study showing specific compression or nerve roots. There is no clinical evidence of myelopathy. There is no evidence of instability. There are no red flag for spinal fusion surgery such as fracture or tumor. Criteria for cervical fusion surgery not met.