

Case Number:	CM14-0120934		
Date Assigned:	09/25/2014	Date of Injury:	04/30/2012
Decision Date:	10/29/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/31/2014

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 Surgery and is licensed to practice in California. 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 52 year old female with reported industrial injury of 4/30/12. Exam note from 4/2/14 demonstrates neck pain and right upper extremity pain. Claimant is status post anterior cervical discectomy and fusion C5-C7 in May 2011. Exam note reports some fine motor control problems with intermittent paresthasias in the right upper extremity to first and second digits. Report states that physical therapy has made symptoms worse. Exam demonstrates decreased range of motion with pain. Spurling's exam is noted to be positive. Strength was noted to be intact but there was noted to be weak effort limiting the examination. CT myelogram 6/30/14 demnstrated previous ACDF with appearance of non-union at C6-7 and partial union at C5/6. Mild neuroforaminal narrowing and left C4-5 facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-T1 Posterior fusion and instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non radiating pain or in absence of evidence of nerve root compromise. There is not evidence of significant nerve root compromise on the CT myelogram from 6/30/14 at C3/4 or C4/5. The patient has radiating pain from the exam notes does correlate with any imaging findings in the C8 distribution. While there is evidence of a pseudarthrosis at C5/6 and C6/7, there is lack of medical necessity for surgery at C3/4 or C4/5. Therefore the patient does not meet accepted guidelines for the procedure and the request is not medically necessary and appropriate.