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| Case Number: | CM14-0132870 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 11/11/2004 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 07/17/2014 |
| Priority: | Standard | Application Received: | 08/19/2014 |

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 is a 49-year-old female with chronic neck pain radiating to right upper extremity. Patient's date of injury is November 11, 2004. She's had physical therapy medications and injections. She continues to have chronic neck pain. Physical examination reveals reduced range of cervical motion and decreased sensation along the C6 dermatome on the right side. Motor and deep tendon reflexes are normal. Hoffman sign is negative. Is no evidence of clonus. MRI from 2013 shows right C4-5 foraminal narrowing. There is also a disc bulge at C5-6. At issue is whether cervical ACDF (Anterior Cervical Discectomy and Fusion) surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical discectomy and fusion at C5-6 with allograft: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter -Surgery Section

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

Decision rationale: This patient does not meet establish criteria for C5-6 ACDF (Anterior Cervical Discectomy and Fusion) surgery. Specifically there is no correlation between MRI imaging studies show severe compression of the nerve roots and physical exam showing specific radiculopathy that corresponds with imaging studies. In addition there is no documented evidence of instability, fracture or tumor. Criteria for cervical decompression and fusion surgery not met. Guidelines for cervical decompression fusion surgery not met. Again there is no clear correlation between physical examination imaging studies. The patient has no instability.