MAXIMUS Federal Services

Case Number:	CM14-0136550		
Date Assigned:	09/03/2014	Date of Injury:	01/16/2014
Decision Date:	10/08/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/25/2014

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; has a subspecialty in Spinal 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:

45-year-old male claimant with reported industrial injury of January 16, 2014. Examination from August 6, 2014 demonstrates increasing significant pain, weakness and loss of grip strength on the left side. Report is made by the treating provider of advancement of his neurological loss compared to last visit. Request is made for urgent surgery. Physical exam findings demonstrate 3 minus grip strength on the left, decreased finger abduction. Numbness is noted in the ulnar digits of the left arm extending up into the left forearm. The left arm appears to be 4-5 strength including C6-C7 and C8 distribution. Diagnosis is made of cervical spinal stenosis C5-T1 with cervical disc herniation left side at C7-T1. Diagnosis is made of myelopathy and cervical radiculopathy with progressive neurological loss. Recommendation is made for urgent anterior cervical discectomy and fusion C5-T1 to prevent neurological loss. There is no attached MRI report of the cervical spine in the 63 pages of records reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery - Spinal Cervical Anterior Discectomy And Fusion @C5-6, C6-7, And C7-T1, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-193.

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 no attached MRI report to corroborate the treating provider assertion of cervical myeloradiculopathy. Therefore the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.