

Case Number:	CM14-0157082		
Date Assigned:	09/30/2014	Date of Injury:	10/20/2011
Decision Date:	10/28/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/25/2014

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 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 has chronic neck pain. MRI the cervical spine from August 2012 shows multilevel degenerative disc condition with disc protrusions and spinal stenosis. Patient has had electrodiagnostic studies in 2013 that shows left ulnar motor neuropathy and carpal tunnel syndrome. MRI repeated of the cervical spine 2013 shows multiple levels of degenerative changes C3-C7. There is disc protrusion and foraminal stenosis C5-6 C6-7. Patient continues to have chronic neck pain. On physical examination the patient has tenderness palpation of the cervical spine. This reduced range of cervical motion. There is muscle atrophy in the hand. Patient has had pain medication and exercises. At issue is whether cervical spine surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

C7 to T1 anterior cervical discectomy and fusion (ACDF): Upheld

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

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, 187

Decision rationale: This patient does not meet establish criteria for multilevel cervical spinal decompression fusion. Specifically, there is no clear correlation between cervical imaging studies and physical examination showing specific neurologic deficit. Patient has elected diagnostic studies showing peripheral nerve entrapment in the arms and not cervical radiculopathy. Physical examination does not document specific radiculopathy that correlates with imaging studies showing specific compression of nerve roots on the MRI scan. The patient is not myelopathic. The patient does not have any red flag indicators for spinal decompression fusion surgery such as fracture, tumor, and progressive neurologic deficit. Multilevel cervical spine decompression fusion surgery not medically indicated. Therefore, the request of C7 to T1 anterior cervical discectomy and fusion (ACDF) is not medically necessary and appropriate.