

Case Number:	CM14-0096377		
Date Assigned:	07/25/2014	Date of Injury:	07/05/2012
Decision Date:	09/03/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/19/2014

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 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:

Physical examination shows neck tenderness decreased range of motion. Upper extremity motor strength is normal except for right deltoid 4/5. Right biceps reflex is absent. MRI of the neck from April 2014 showed congenitally small spinal canal at C3-4 there is a disc protrusion. There is no abnormal signal in the spinal cord. At C4-5 there is some evidence of disc degeneration. At issue is whether revision anterior cervical fusion surgeries 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 fusion C4-C6 and explore/removal C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition(web) 2014 Neck and Upper Back-fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG neck pain chapter.

Decision rationale: This patient does not meet establish criteria for revision anterior cervical surgery. Specifically, there is no documentation of failure fusion. There is also no documentation of instability or hardware failure. There is no documentation of specific

neurologic deficit that correlates with MRI imaging a computed tomography (CT) imaging study showing specific compression of the nerve root. The patient does not have any red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Revision cervical fusion surgery is not medically necessary.