

Case Number:	CM13-0064650		
Date Assigned:	01/03/2014	Date of Injury:	12/06/2007
Decision Date:	04/17/2015	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 48-year-old male who reported an injury on 12/06/2007 after he moved a large piece of furniture. The patient reportedly sustained an injury to his low back. The patient later developed cervical spinal pain. The patient's treatment history included physical therapy, medications, and a cervical epidural steroid injection. The patient underwent an MRI of the cervical spine that documented the patient had a disc bulge impinging on the C5 exiting nerve root, disc bulge at the C5-6 resulting in right neural foraminal narrowing with a disc bulge at the C5-6 causing left neural foraminal narrowing, and a disc bulge at the C7 through T1 indenting on the thecal sac. The patient's most recent clinical documentation dated 11/08/2013 documented that the patient had significant neck pain complaints with radiating pain in the C6 nerve distribution which has been recalcitrant to conservative management. The patient's physical findings included full range of motion of the cervical spine with a positive Spurling's sign. There was no evidence of motor deficits. It was documented that the patient had intact sensation in the C5, C6, C7 dermatomal distributions. The patient's diagnoses included severe spinal stenosis of the C4-5 on the right and severe neural foraminal stenosis on the right at the C5-6. The patient's treatment plan included anterior cervical fusion at the C4-5, C5-6, and C6-7 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior cervical fusion C4-5, C5-6, C6-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The requested anterior cervical fusion at the C4-5, C5-6, and C6-7 levels is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends cervical fusion surgery for patients with documented physical findings of radiculopathy corroborated by an imaging study that significantly impacts the patient's ability to function. The patient's most recent clinical documentation submitted for review does not provide any evidence of sensory deficits or motor strength deficits to support that the patient's ability to function is significantly impaired and would require a multilevel fusion. Additionally, the clinical documentation submitted for review does not provide any evidence of a psychological evaluation to determine the patient's psychological responsiveness to a multilevel fusion surgery. The American College of Occupational and Environmental Medicine recommends surgical fusion for patients with documentation of spinal instability. The clinical documentation submitted for review does not provide any evidence that the patient has any spinal instability that would benefit from a multilevel fusion. As such, the requested anterior cervical fusion at the C4-5, C5-6, and C6-7 is not medically necessary or appropriate.