

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/14/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	9/16/1997
IMR Application Received:	7/30/2013
MAXIMUS Case Number:	CM13-0005292

- 1) MAXIMUS Federal Services, Inc. has determined the request for **C5-C6 left laminotomy, foramminotomy and possible discectomy is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/30/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/9/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **C5-C6 left laminotomy, foramenotomy and possible discectomy is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

This claimant is a 51-year-old female with complaints of pain. On 06/14/2013, she was seen in clinic. At that time, she had complaints of neck pain and she had decreased strength in the left biceps rated at 4/5 and left hand grip also rated at 4/5. On 07/03/2013, an MRI of the cervical spine was performed. At the C5-6 level, there was moderate loss of disc height and there was a broad based disc osteophyte complex with moderate canal stenosis with mild flattening of the anterior surface of the cord. There was moderate to severe bilateral neural foraminal stenosis at that level. On 07/03/2013, a plain x-ray report was submitted indicating there was degenerative disc disease at C5-6 with reversal of cervical lordosis. On 06/14/2013, this claimant returned to clinic and continued to complain of neck pain and left arm pain and numbness. Examination at that time revealed sensation was intact but she had dropped reflexes on the right rated at 0 for biceps and triceps, and 0 on the left for biceps and triceps; supinator was rated at 2+ and Hoffmann's was negative. She had normal heel to toe gait pattern bilaterally. She returned to clinic on 07/12/2013 with continued complaints of neck pain and left upper extremity pain. It was noted then that she had undergone significant conservative care in the past including physical therapy over several years which had helped somewhat, and injections which had helped somewhat. Neurological exam was not completely documented on that date and the request for surgery was made.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for C5-C6 left laminotomy, forammenotomy and possible discectomy:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based his decision on the American College of Occupational and Environmental Medicine Guidelines, (ACOEM), 2nd Edition, Neck and Upper Back Complaints, pgs. 181-183, which is part of the MTUS, and the Official Disability Guidelines (ODG), Neck & Upper Back, Discectomy-laminectomy-laminoplasty, which is not part of the MTUS.

The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine Guidelines, (ACOEM), 2nd Edition, Neck and Upper Back Complaints, pgs. 179-181, which is part of the MTUS.

Rationale for the Decision:

This request was previously denied. The denial letter dated 07/23/2013 indicated that the requested services were denied as they did not meet guideline criteria which states that there should be a “clear clinical imaging and EMG evidence consistently indicating that the same lesion has been shown to benefit from surgical repair in both short and long-term.” Therefore, the request was non-certified. The additional records provided for this review do not include EMG results. The records do not include documentation of last clinical visits of 07/12/2013 of any significant neurological deficits. The MRI does reveal at C5-6, there is moderate to severe bilateral neural foraminal stenosis and moderate canal stenosis with mild flattening of the anterior surface of the cord. There does not appear to be any instability on x-ray examination of the cervical spine. The submitted records do not include physical therapy notes or interventional injection notes although they were discussed as being performed in the past with some success. MTUS/ACOEM Guidelines do indicate that there should be, “Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion has been shown to benefit from surgical repair in both the short and long-term.” There should also be documentation of “unresolved radicular symptoms after receiving conservative treatment.” As electrodiagnostic studies were not provided for this review and as the last clinical note provided for this review fails to indicate significant neurological deficits, this request is not considered medically necessary.

The request for C5-C6 left laminotomy, forammenotomy and possible discectomy is not medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH,
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/pas

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.