

Case Number:	CM13-0022737		
Date Assigned:	11/13/2013	Date of Injury:	04/29/2013
Decision Date:	01/03/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/10/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Spine Surgery and is licensed to practice in Texas. 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 physician 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.

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 58-year-old male who reported an injury on 04/23/2013 after bending a thick rebar with a hickey bar, causing a sharp pain in his low back. The patient had sensation disturbances in the C6 distribution of the bilateral upper extremities, motor strength rated at 5/5, and restricted range of motion secondary to pain. MRI of the cervical spine interpreted by [REDACTED], concluded that (1) there was a grade I anterolisthesis of the C2 on C3 and a grade I retrolisthesis of C3 on C4 with moderate disc space narrowing at the C3-4 without evidence of fracture; (2) it was also documented that there was severe neural foraminal stenosis at multiple levels involving, predominantly, the left neural foramina. The patient was diagnosed with cervical radiculopathy. The patient's treatment plan included a C3-5 laminectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-C5 laminectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

Decision rationale: The requested C3-C5 laminectomy is not medically necessary or appropriate. The employee does have significantly limited range of motion with sensation disturbances along the C6 dermatomes of the bilateral upper extremities. The clinical

documentation does include an imaging study that does provide significant pathology at the C3-5 levels. However, this is not supported by the physical findings. The clinical documentation submitted for review does not provide any significant motor weakness, and decreased sensation in the bilateral arms only in the C6 dermatomes. The clinical documentation submitted for review did suggest that the employee was not a candidate for conservative therapy. However, there is no documentation that conservative therapy was even attempted by this employee. As the clinical findings do not correlate with the requested levels and there is no documentation of conservative therapy prior to the surgical intervention, this surgery is not supported by guideline recommendations. The American College of Occupational and Environmental Medicine states that surgical considerations can be determined when there are "severe debilitating symptoms with physiological evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative therapy." Additionally, the American College of Occupational and Environmental Medicine recommends pre-surgical screening include psychological evaluation. The clinical documentation submitted for review does not provide any evidence of a psychological evaluation. The request for a C3-C5 laminectomy is not medically necessary and appropriate.