MAXIMUS Federal Services

Case Number:	CM13-0058764		
Date Assigned:	12/30/2013	Date of Injury:	03/17/2012
Decision Date:	06/12/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/27/2013

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. The expert reviewer is Board Certified in Orthopedic 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 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 injured worker is a 46 year old female who sustained an injury on 03/17/12 when she slipped and fell onto the floor. The injured worker has been followed for complaints of chronic neck and low back pain radiating to the right upper extremity as well as the left lower extremity. Prior conservative treatment has included the use of physical therapy as well as aquatic therapy, chiropractic therapy, acupuncture, and multiple medications. The injured worker has also had recent cervical injections performed which were not helpful. Previous MRI studies of the lumbar spine from 09/24/12 identified moderate degenerative disc disease at L4-5 with end plate irregularity with a disc protrusion causing mild to moderate canal stenosis as well as moderate to severe left lateral recess and neuroforaminal stenosis. No imaging of the cervical spine was available for review. The injured worker was seen on 09/26/13 by [redacted] The injured worker reported persistent pain which was worsening. On physical examination, no neurological deficit was identified in either the upper or lower extremities. There was diffused tenderness to palpation and spasms in both the cervical and lumbar spine. The injured worker was seen for an orthopedic evaluation on 10/30/13. The injured worker reported no improvement with conservative treatment to date. It does appear that the injured worker had prior electrodiagnostic studies which were not available for review. The injured worker described persistent neck pain radiating to the left upper extremity as well as low back pain radiating to the left lower extremity. Physical examination noted no obvious spasms in the cervical or lumbar spine. Tenderness to palpation was present at the occiput and left trapezius. There was loss of lumbar and cervical range of motion. Reflexes were 2+ and symmetric in the upper extremities with no sensory loss. There was loss of sensation in a non-dermatomal diffused pattern in the left upper extremity. Hoffman's signs were negative. There was non-dermatomal sensory loss in the left lower

extremity. Reflexes were 2+ and symmetric. The requested decompressive surgeries for the cervical and lumbar spine were both denied by utilization review on 10/23/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 DECOMPRESSIVE SURGERY ON THE CERVICAL SPINE: 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: In regards to the decompressive surgery requested for the cervical spine, it is unclear what has actually been recommended for this injured worker in regards to her persistent neck and upper extremity complaints. No imaging studies of the cervical spine were available for review identifying any neurocompressive pathology that would reasonably be addressed with decompression procedures. Furthermore, the injured worker's physical examination findings were unremarkable for any persistent neurological deficit in any dermatomal pattern or evidence of cervical radiculopathy to support the surgical request. Given the paucity of clinical information available for review to support the proposed decompression surgery in the cervical spine, this procedure is not medically necessary.

1 DECOMPRESSIVE SURGERY ON THE LUMBAR SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: In regards to decompressive surgery for the lumbar spine, the clinical documentation did note degenerative disc disease at L4-5 contributing to canal, lateral recess, and foraminal stenosis. The injured worker has not improved with conservative treatment and the previous recommendation was for decompression at L4-5. However, the most recent evaluation available for review identified no clear evidence of an L4-5 radiculopathy that would correlate with imaging findings. It does appear that the injured worker did have prior electrodiagnostic studies completed; however, these were not available for review. No other updated physical examination findings or imaging was submitted to support the decompressive request for the lumbar spine. Therefore, this procedure is not medically necessary.