

Case Number:	CM14-0102109		
Date Assigned:	07/30/2014	Date of Injury:	09/18/2007
Decision Date:	08/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/02/2014

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 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:

This is a female injured worker with a date of injury of 09/18/2007. The current diagnoses include status post cervical fusion at C5-6 and C6-7, cervical discogenic disease, and cervical facet arthrosis. The injured worker was evaluated on 06/12/2014, with complaints of chronic cervical spine pain. Previous conservative treatment was not mentioned on that date. Physical examination revealed painful and decreased cervical range of motion, a healed anterior scar, radiculopathy at the C5-7 levels bilaterally, tenderness to palpation, mild spasm, and increased tingling in the bilateral upper extremities. Treatment recommendations included a home exercise program, TENS unit, prescriptions for Anaprox DS, Prilosec and Ultram ER, authorization for cervical facet blocks bilaterally, and a posterior decompression at C5-7 secondary to residual foraminal impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior decompression at C5-C6 & C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Discectomy-laminectomy-laminoplasty.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and unresolved radicular symptoms after receiving conservative treatment. Official Disability Guidelines state prior to a discectomy/laminectomy, there must be evidence of radicular pain and sensory symptoms in a cervical distribution. There should be evidence of motor deficit, reflex changes, or positive EMG findings. There must also be evidence of a failure of at least 6 to 8 weeks of conservative treatment. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment. There were also no imaging studies or electrodiagnostic reports submitted for this review. Based on the clinical information received and the above-mentioned guidelines, the request is not medically necessary.