

Case Number:	CM14-0136125		
Date Assigned:	09/03/2014	Date of Injury:	04/09/2003
Decision Date:	10/10/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/25/2014

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 Neurological 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 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 records presented for review indicate that this 69-year-old gentleman was reportedly injured on April 9, 2003. The mechanism of injury is noted as repetitive use. The most recent progress note, dated June 30, 2014, indicates that there are ongoing complaints of cervical spine pain radiating to the bilateral upper extremities. The physical examination demonstrated a Spurling's test to the right side. There was decreased strength of 4+/5 with right wrist flexion. Diagnostic imaging studies of the cervical spine show evidence of a prior discectomy and fusion from C5 through C7 with anterior spurring at the C-4 and C5 levels. A recent CT of the cervical spine dated April 30, 2013 confirmed a fusion from C5 through C7 with intact and well positioned hardware. There was stated to be no spinal stenosis or foraminal stenosis at C6 - C7. Upper extremity nerve conduction studies revealed bilateral carpal tunnel syndrome. Previous treatment includes a cervical spine fusion. A request had been made for a right-sided posterior cervical foraminotomy at C5 - C6 and C6 - C7. And was not certified in the pre-authorization process on August 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Posterior Cervical Foraminotomy at level C5-C6, C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Discectomy/Laminectomy/Laminoplasty, Updated August 4, 2014

Decision rationale: According to the Official Disability Guidelines the indications for a discectomy/laminectomy/laminotomy includes abnormal imaging studies that show positive findings at correlate with the proper nerve root that is found on physical examination. The CT of the cervical spine does not indicate any potential nerve root involvement at the C5 - C6 or C6 - C7 level. Considering this, this request for a right-sided posterior cervical foraminotomy at C5 - C6 and C6 - C7 is not medically necessary.

1 Day Inpatient:

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Neck and Upper Back, Hospital Length of Stay, Updated August 4, 2014

Decision rationale: As the accompanying request for cervical spine surgery has been determined not to be medically necessary, so is this request for a one-day inpatient hospital stay.