MAXIMUS Federal Services

| Case Number: | CM14-0156206 | | |
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| Date Assigned: | 09/25/2014 | Date of Injury: | 09/17/2001 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 09/17/2014 |
| Priority: | Standard | Application Received: | 09/23/2014 |

## 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 (Spine Fellowship Trained) 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:

According to the records made available for review, this is a 45-year-old female with a 9/17/01 date of injury. At the time (9/3/14) of the request for authorization for posterior cervical decompression with C3 laminectomy and C4-C5-C6 hinged laminoplasty, there is documentation of subjective (new numbness in her arms which awakens her from sleep and new electrical sensations in her fingers bilaterally) and objective (wrist extensors 4+/5 strength, Hoffman sign is present) findings, imaging findings (per the 9/3/14 medical report, MRI revealed right C4-5 paracentral disc displacement causing severe spinal canal stenosis and right C5 foraminal stenosis. At C5-6 there is an annular bulging and a small left lateral disc displacement causing moderate canal stenosis and severe left C6 foraminal stenosis (imaging report not available for review)), current diagnoses (medically-refractory cervical and upper extremity pain), and treatment to date (medication and therapy). There is no documentation of evidence of sensory symptoms in a cervical distribution that correlate with the C3 and C5 levels or presence of a positive Spurling test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the C3 and C5 levels, and an imaging report.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Posterior cervical decompression with C3 laminectomy and C4-C5-C6 hinged laminoplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Neck & Upper Back Procedure

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy/laminectomy/laminoplasty

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term; and unresolved radicular symptoms after receiving conservative treatment, as criteria necessary to support the medical necessary of cervical decompression. ODG identifies documentation of failure of at least a 6-8 week trial of conservative care, etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures, evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level, an abnormal imaging (CT/myelogram and/or MRI) study with positive findings that correlate with nerve root involvement, as criteria necessary to support the medical necessity of cervical decompression. Within the medical information available for review, there is documentation of diagnoses of medically-refractory cervical and upper extremity pain. In addition, there is documentation of failure of at least a 6-8 week trial of conservative care, etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) have been addressed, and evidence of motor deficit in the C6 nerve root distribution. However, there is no documentation of evidence of sensory symptoms in a cervical distribution that correlate with the C3 and C5 levels or presence of a positive Spurling test and evidence of motor deficit or reflex changes or positive EMG findings that correlate with the C3 and C5 levels. In addition, despite the 9/3/14 medical report's reported imaging findings (MRI revealed right C4-5 paracentral disc displacement causing severe spinal canal stenosis and right C5 foraminal stenosis. At C5-6 there is an annular bulging and a small left lateral disc displacement causing moderate canal stenosis and severe left C6 foraminal stenosis), there is no documentation of an imaging report. Therefore, based on guidelines and a review of the evidence, the request for posterior cervical decompression with C3 laminectomy and C4-C5-C6 hinged laminoplasty is not medically necessary.

**3 day Inpatient Stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC upper Back & Neck, Hospital Length Of Stay

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for 3 day Inpatient Stay is not medically necessary.