

Case Number:	CM14-0177986		
Date Assigned:	10/31/2014	Date of Injury:	08/01/1992
Decision Date:	12/10/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/27/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 66 year old female with date of injury of 8/1/1992. A review of the medical records indicated that the patient is undergoing treatment for intervertebral disc disease and radiculopathy of the cervical spine. Subjective complaints include continued neck pain with numbness and weakness in her arms bilaterally. Objective findings include EMG showing C5-C7 radiculopathy; and reduced range of motion of the cervical spine with tenderness to palpation of the paravertebrals. Treatment has included diclofenac, capsaicin cream, Norco, chiropractic manipulations, TENS unit, physical therapy, acupuncture, and a cervical fusion at C5-C7. The utilization review dated 10/3/2014 non-certified inpatient posterior cervical C3, C4, C5, C6, C7 laminoplasty with neuromonitoring with 1 day inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient posterior cervical C3, C4, C5, C6, C7 laminoplasty with neuromonitoring with 1 day inpatient stay: Overturned

Claims Administrator 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)

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, Procedure Summary

Decision rationale: Regarding surgical consultation for those with neck pain, MTUS states the following: "Referral for surgical consultation is indicated for patients who have: 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 electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term; and unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. If surgery is a consideration, counseling and discussion regarding likely outcomes, risks and benefits, and especially expectations is essential. Patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine and rehab (PM&R) specialist may help resolve symptoms. Based on extrapolating studies on low back pain, it also would be prudent to consider a psychological evaluation of the patient prior to referral for surgery." The employee meets the criteria listed above; therefore, this request is medically necessary.