

Case Number:	CM14-0179358		
Date Assigned:	11/03/2014	Date of Injury:	07/02/2013
Decision Date:	12/09/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/29/2014

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 Surgeon 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 injured worker is a 53-year-old male who reported an injury on 07/02/2013. The mechanism of injury was not specifically stated. The current diagnoses include cervical myelopathy, multilevel cervical disc protrusion with stenosis and compression, and cervical radiculopathy/radiculitis. The injured worker presented on 09/26/2014 with complaints of neck pain, bilateral upper extremity pain, and right upper extremity weakness. The injured worker has been previously treated with anti-inflammatory medication, physical therapy, chiropractic treatment, epidural steroid injection, and medication management. Physical examination revealed positive Spurling's maneuver, tenderness to palpation over the posterior cervical spine, 80% normal flexion, 40% normal extension, 80% normal side to side bending, weakness in the right upper extremity, diminished deep tendon reflexes, and positive Hoffmann's. Treatment recommendations included a laminoplasty at C3 through C7. A Request for Authorization form was then submitted on 10/06/2014. It is noted that the injured worker underwent an MRI of the cervical spine on 09/15/2014 which revealed central spinal canal stenosis at C3-4, C4-5, and C5-6 with bilateral neural foraminal compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Cervical Laminoplasty @ C3, C4, C5, C6, and C7 with Neuromonitoring.: 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): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper back Chapter, Discectomy-laminectomy-laminoplasty, Intraoperative neurophysiological monitoring (during surgery)

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 electrophysiological evidence of a lesion and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines state prior to a laminoplasty, there must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or the presence of a positive Spurling's test. There should be evidence of motor deficit or reflex changes or positive EMG findings. There must be evidence that the patient has received and failed at least a 6 to 8 week trial of conservative care. As per the documentation submitted, the injured worker has exhausted conservative treatment. The injured worker's MRI of the cervical spine on 09/15/2014 does reveal central spinal canal stenosis and neural foraminal narrowing at C3-4, C4-5, and C5-6. The injured worker's physical examination does reveal positive Spurling's maneuver and weakness in the right upper extremity with diminished grip strength and diminished deep tendon reflexes. However, the medical necessity for neuromonitoring has not been established. The Official Disability Guidelines recommend intraoperative neurophysiological monitoring during surgery for spinal or intracranial surgeries when such procedures have a risk, of significant complications that can be detected and prevented. It is not recommended in risk elective surgery. Therefore, the request cannot be determined as medically appropriate at this time.

Associated surgical service: Pre Operative Medical Clearance.: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Assistant Surgeon: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Cervical Collar: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: 3-4 day In-Patient Stay: Upheld

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

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.