

Case Number:	CM14-0021420		
Date Assigned:	06/11/2014	Date of Injury:	08/15/2011
Decision Date:	07/25/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 Orthopaedic 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:

This 52-year-old female x-ray technician sustained an industrial injury on 8/15/11, relative to repetitive work duties. The patient underwent anterior cervical discectomies and fusion at C4/5 and C5/6 on 5/21/12. The 10/28/13 cervical CT scan documented post-operative findings of interbody screws and metallic fixation plate at C4/5 and C5/6. There was no central or foraminal stenosis at C4/5. There was persistent hypertrophic changes at the right uncovertebral joint with severe right C6 foraminal stenosis. Records indicated that 31 visits of physical therapy were completed as of 8/21/13. The 10/14/13 physical therapy report documented a treatment plan of 2x5. The 1/9/14 treating physician progress report cited neck pain and reviewed CT scan findings. Given that she continued symptomatic, the patient was a candidate for posterior cervical foraminotomies at least at C5/6 and possibly at C4/5. The 2/13/14 utilization review denied the request for inpatient cervical surgery based on no documentation of failed recent conservative care. The 4/24/14 QME cited neck pain and stiffness with frequent radiation of pain down the right arm to the hand with dysesthesias. There was frequent right hand numbness. Symptoms worsened with activities. Cervical exam documented paraspinal muscle tenderness and tightness, normal gross upper extremity motor strength, patchy decreased sensation at the C4, C5, and C6, normal and symmetrical deep tendon reflexes, and well-healed right anterior oblique surgical scar which is tender to palpation. The range of motion elicits right upper extremity radicular pain and dysesthesias and is guarded in all planes. Grip strength was 20 pounds right (dominant) and 55 pounds left. The patient is not improving and possibly getting worse. The patient was deemed a candidate for posterior foraminotomies at C4/5 and C5/6.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 DAYS INPATIENT HOSPITAL 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) Hospital length of stay (LOS).

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 (LOS).

Decision rationale: As the request for bilateral C4-C5 and C5-C6 posterior cervical foraminotomies was not medically necessary, the request for 2 days inpatient hospital stay is also not medically necessary.

1 BILATERAL C4-C5 AND C5-C6 POSTERIOR CERVICAL FORAMINOTOMIES:
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) - Treatment for Worker's Compensation , Online Edition Chapter: Neck and Upper Back Discectomy-laminectomy-laminoplasty; ODG Indications for Surgery.

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.

Decision rationale: The California MTUS does not provide surgical recommendations for chronic neck conditions. The Official Disability Guidelines recommend decompressive surgery when there is evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test. There should be evidence of motor deficit or reflex changes or positive Electromyography (EMG) findings that correlate with the cervical level. Imaging must show positive findings correlating with nerve root involvement found on exam. If there is no evidence of sensory, motor, reflex, or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. There must be evidence that the patient has received and failed at least 6 to 8-week trial of conservative care. Guideline criteria have not been fully met at both levels. The patient has radicular pain but no documented pattern. There are sensory symptoms consistent with the C4/5 and C5/6 levels. Gross upper extremity motor strength and reflexes are normal. There are no EMG findings. The patient has completed physical therapy with benefit reported and was released to a home exercise program. Therefore, this request for bilateral C4-C5 and C5-C6 posterior cervical foraminotomies is not medically necessary.

