

<b>Case Number:</b>	CM14-0033169		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 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 51-year-old gentleman who was reportedly injured on August 30, 2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 30, 2014, indicates that there are ongoing complaints of neck and shoulder pain. There is a history of a previous foraminotomies performed on June 3, 2010 at C5/C6 on the right side which was stated to provide significant relief. Subsequent epidural steroid injections, chiropractic care, and physical therapy did not decrease pain. The physical examination demonstrated tenderness of the midline of the cervical spine and decreased cervical spine range of motion. There was decreased sensation in the left C5 and C6 dermatomes and a hyporeflexive left biceps reflex. There was a positive Spurling's test of the left causing pain and numbness in the left shoulder. An magnetic resonance image of the cervical spine dated October 3, 2013 showed a minimal anterolisthesis of C7 on T1 and a small C6 - C7 disc protrusion. A request had been made for C3/C4, C4/C5, and C5/C6 posterior foraminotomies and chiropractic manipulation x 12 after surgery and was not medically necessary in the pre-authorization process on February 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**POSTERIOR LEFT FORAMINOTOMIES C3-4, C4-5, C5-6: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar and Thoracic.

**Decision rationale:** According to the Official Disability Guidelines there must be corroboration between the injured employee symptoms, physical examination findings and objective studies. According to the most recent medical note dated April 30, 2014, there is not agreement between the injured employee's subjective symptoms, the physical examination findings of decreased sensation that C5, C6, and a diminished bicep reflex and the magnetic resonance imaging findings of minimal anterolisthesis of C7 on T1 and a small C6/C7 disc protrusion. For these reasons this request for a foraminotomies at the C-3/C4, C4/C5, and C5/C6 levels is not medically necessary.

**CHIROPRACTIC MANIPULATION TIMES 12 POST SURGERY:** 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.