

Case Number:	CM14-0036503		
Date Assigned:	06/25/2014	Date of Injury:	05/24/2009
Decision Date:	07/25/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/25/2014

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, has a subspecialty in Spine 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 43-year-old female who reported an injury on 05/25/2009. The mechanism of injury was not specifically stated. The current diagnoses include herniated nucleus pulposus of the cervical spine with stenosis, cervical myelopathy, cervical radiculopathy, degenerative disc disease of the lumbar spine, and cervicogenic headaches. The injured worker was evaluated on 11/07/2013 with complaints of severe neck and lower back pain with radiation into the upper and lower extremities. The physical examination revealed no acute distress, normal gait, tenderness to palpation, spasm with trigger points in the bilateral trapezii, decreased sensation in the right C6 dermatome, decreased sensation in the right L4 and L5 dermatomes, 4/5 motor strength in the upper extremities, hyperreflexic bilateral biceps, and positive Spurling's maneuver. The treatment recommendations at that time included a posterior foraminotomy at C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTERIOR FORMINOTOMY RIGHT C5-6: Upheld

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.

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.

Decision rationale: The California MTUS ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent and severe disabling shoulder or arm symptoms, activity limitation for more than 1 month, extreme progression of symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion and unresolved radicular symptoms after receiving conservative treatment. The ODG state prior to a discectomy/laminectomy, 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 also be evidence of a motor deficit or reflex changes, or positive EMG findings. Etiologies of pain such as metabolic sources, nonstructural radiculopathies, and/or peripheral sources should be addressed. 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, there is no mention of an attempt at conservative treatment. There were also no imaging studies or electrodiagnostic reports submitted for this review. Therefore, the injured worker does not currently meet criteria for the requested procedure. As such, the request is not medically necessary.

POST-OP CHIROPRACTIC MANIPULATION 2 X 6 CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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 is medically necessary.