MAXIMUS Federal Services

Case Number:	CM14-0038453		
Date Assigned:	06/27/2014	Date of Injury:	07/22/2010
Decision Date:	08/05/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/02/2014

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 46-year-old female who reported an injury on 07/22/2010. The prior treatments included 2 epidural steroid injections. The injured worker had 80% improvement with the injection. The mechanism of injury was cumulative trauma. The injured worker was treated with a TENS unit. The injured worker underwent an MRI of the cervical spine without contrast on 02/01/2013. The examination revealed there was a left paracentral/foraminal disc protrusion at C3-4, resulting in mild central spinal stenosis and moderate stenosis of the left neural foramen. From C4 through T1, it was revealed that there was a normal posterior annular profile without central spinal stenosis or stenosis of the neural foramina. The PR-2 dated 10/16/2013 revealed the injured worker had pain in the morning and awaked with a very tight, painful left dorsal/ lateral trapezius above the clavicle; as the day goes on, the pain radiates across the left deltoid and eventually into the dorsal web space of her left hand. It was indicated that power was full in the left upper extremity and light touch was intact to the periphery. The diagnoses included left C3-4 intervertebral disc herniation with kyphosis and C4 radiculopathy, and left C5-6 foraminal stenosis with C6 radiculitis. The treatment plan included an anterior approach for C3-4 intervertebral disc herniation and a left C5-6 micro foraminotomy, and if the anatomy was unfavorable, a conversion to a posterior approach for the left C5-6 laminectomy and medial facetectomy. As such, the treatment plan was a right anterior C3-4 intervertebral discectomy, possible fusion and instrumentation; and a right anterior approach for left C5-6 foraminotomy, possible posterior C5-6 laminectomies and facetectomies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Anterior C3-4 Diskectomy, Fusion and Instrumentation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cervical Spine Guidelines are Utilized.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

Decision rationale: The ACOEM Guidelines indicate that surgical consultations are appropriate for injured workers who have persistent, severe, and disabling shoulder or arm symptoms, and activity limitation for more than 1 month, or with extreme progression of symptoms. There should be 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. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review failed to provide documentation of a failure of conservative treatment. There were no myotomal or dermatomal deficits to support the necessity for intervention. The MRI failed to provide that there was nerve impingement. There were no electrodiagnostic study submitted for review. Given the above, the request for a right anterior C3-4 discectomy, fusion, and instrumentation is not medically necessary.

Right Anterior approach Left C5-6 Foraminotomy with Possible C5-6 Posterior Laminectomies and Facetectomies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cervical Spine Guidelines are Utilized.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

Decision rationale: The ACOEM Guidelines indicate that surgical consultations are appropriate for injured workers who have persistent, severe, and disabling shoulder or arm symptoms, and activity limitation for more than 1 month, or with extreme progression of symptoms. There should be 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. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. There were no specifc myotomal or dermatomal findings to support the necessity for a laminectomy/facetectomy. Additionally, there were no findings at the level of C5-6 to support the necessity per MRI. There were no electrodiagnostic studies submitted for review indicating neural compromise. Given the above, the request for right anterior approach left C5-6 foraminotomy with possible C5-6 posterior laminectomies and facetectomies is not medically necessary.