

Case Number:	CM14-0038903		
Date Assigned:	06/27/2014	Date of Injury:	02/09/2004
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 Texas, Minnesota and Tennessee. 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 59-year-old male who reported injury on 02/09/2004. The mechanism of injury was the injured worker was struck by an I-beam weighing several hundred pounds. The injured worker underwent a cervical spine surgery in 02/2004. The injured worker underwent an MRI of the cervical spine on 02/06/2014 which at the level of C6-7 the findings were the injured worker had a right neural foramen and central canal that were patent. There were uncovertebral joint spurs mildly narrowing the left neural foramen. At C7-T1 there was dehydration and narrowing of the disc. There was a broad-based bilobed disc osteophyte bulge narrowing the neural foramen bilaterally. The central canal was patent. The documentation of 02/18/2014 revealed the injured worker had increased problems with aching discomfort in his neck radiating into the shoulders and more discomfort more severely into the left upper extremity. The injured worker had weakness in the left upper extremity and a loss of power that was greatest in his left hand. The injured worker had developed contractures in the hand and was unable to straighten his digits. The physical examination revealed 4+/5 strength in the bilateral deltoids, biceps and triceps. The wrist extensor strength was 4-/5 and the finger extensor strength was 3/5. The finger abductors, adductors and the lumbrical strength were 2/5. The grip strength was 3/5. The injured worker had Hyperreflexia throughout at 3+. The diagnoses included progressively severe neck pain and distal upper extremity weakness in imaging that showed no central spinal stenosis but progressive C8 foraminal stenosis and chronic modest C7 foraminal stenosis. The physician opined the nerve compression was contributing to the injured worker's pain and weakness. It was indicated the injured worker had comprehensive conservative therapy and opined that surgical decompression was the best option at this time. The treatment plan included a comprehensive facetectomy at C6-7 and C7-T1 with posterior stabilization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy, Foraminotomy, Arthrodesis & Instrumentation C6-C7-T1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The ACOEM Guidelines indicate that surgical consultation may be appropriate for injured workers who have persistent, severe and disabling shoulder or arm symptoms, activity limitations for more than 1 month or with extreme progression of symptoms as well as clear clinical, imaging and electrophysiological 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 indicated the injured worker had objective findings upon physical examination and had objective findings at the level of C7-T1 upon MRI. However, there was lack of documentation indicating there were MRI findings at the level of C6-7. Additionally, there was no electrodiagnostic study presented for review to support the necessity for the surgical intervention. Given the above, the request for laminectomy, foraminotomy, arthrodesis and instrumentation C6-7-T1 is not medically necessary.