

Case Number:	CM14-0044213		
Date Assigned:	07/02/2014	Date of Injury:	05/16/1992
Decision Date:	09/24/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/11/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 60 year old male who sustained an industrial injury on 05/16/1992. The mechanism of injury was not provided for review. His diagnoses include chronic low back pain- s/p lumbar fusion- post laminectomy syndrome, cervical disc disease, cervical spondylosis without myelopathy, s/p cervical fusion, post laminectomy syndrome- cervical region, facet syndrome, thoracic or lumbosacral neuritis or radiculitis, lumbago, and fibromyalgia. He continues to complain of neck pain which radiates into the bilateral upper extremities. On exam there is tenderness over the trapezius and levator scapulae, limited rotation of the neck with pain, decreased right biceps strength at 4/5, decreased bilateral biceps, bilateral brachioradialis and right triceps reflexes at 1+, and decreased sensation over the right C6 and T1 dermatomes. Treatment in addition to surgery has included medications including narcotics, physical therapy and multiple epidural steroid injections. The treating provider has requested bilateral C6-7 and C7-T1 foraminotomy, and bilateral C3-C4 foraminotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C6-7 and C7-T1 foraminotomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back procedures.

Decision rationale: The claimant has a long history of chronic neck pain s/p cervical fusion with post laminectomy syndrome. He continues with pain and radiculopathy despite maximal medical treatment including narcotics and muscle relaxants and multiple cervical epidural steroid injections. Of note his symptoms worsened after a cervical epidural injection. The claimant has failed all conservative treatment modalities and per the reviewed guidelines is a candidate for the proposed procedure. Medical necessity for the requested service has been established. Bilateral C6-7 and C7-T1 foraminotomy is medically necessary.

Bilateral C3-4 foraminotomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS: American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, Chapter 8 Neck and Upper Back Complaints, page 183; and on the Non-MTUS: Official Disability Guidelines (ODG) Neck and Upper Back procedures.

Decision rationale: The claimant has a long history of chronic neck pain s/p cervical fusion with post laminectomy syndrome. He continues with pain and radiculopathy despite maximal medical treatment including narcotics and muscle relaxants and multiple cervical epidural steroid injections. Of note his symptoms worsened after a cervical epidural injection. The claimant has failed all conservative treatment modalities and per the reviewed guidelines is a candidate for the proposed procedure. Medical necessity for the requested service has been established. Bilateral C3-4 foraminotomy is medically necessary.