

<b>Case Number:</b>	CM14-0047013		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/14/2000
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 58-year-old male who reported an injury on 09/14/2000. The mechanism of injury involved repetitive activity. Current diagnoses include severe multilevel cervical stenosis, cervical spine cord compression, lumbar radiculopathy, neurogenic claudication, and an antalgic gait. The injured worker was evaluated on 02/27/2014 with complaints of neck pain, upper and lower back pain, bilateral upper extremity pain, and bilateral lower extremity pain. Previous conservative treatment includes physical therapy, chiropractic therapy, and acupuncture. Physical examination revealed a marked deformity of the upper extremities secondary to rheumatoid arthritis, limited cervical range of motion, 5/5 bulk strength in the upper extremities, intact sensation, and a markedly antalgic gait. Treatment recommendations included a C3-T1 laminectomy with bilateral foraminotomy followed by C3-T2 posterior segmental instrumented fusion. It is noted that the injured worker underwent an MRI of the cervical spine on 02/11/2014, which indicated multilevel disc protrusion from C2-3 through T2-3 with central canal and neural foraminal stenosis, as well as mild scoliosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C3-T1 laminectomies, bilateral foraminotomies accompanied by a C3-T2 posterior segmental instrumented fusion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**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 and Fusion, posterior cervical.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and unresolved radicular symptoms after receiving conservative treatment. Official Disability Guidelines state, prior to a cervical 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 be evidence of motor deficit, reflex changes, or positive EMG findings. Etiologies of pain such as metabolic sources, non-structural radiculopathies, and/or peripheral sources should be addressed. There must also be evidence that the injured worker has received and failed at least a 6 week to 8 week trial of conservative care. As per the documentation submitted for this review, the injured worker's physical examination on the requesting date only revealed limited cervical range of motion. There was no indication of a positive Spurling's test, sensory symptoms, or reflex changes. Furthermore, the Official Disability Guidelines state posterior cervical fusion is currently under study. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary and appropriate.

**Pre-op medical clearance with [REDACTED]:** 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:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary and appropriate.

**Post op physical therapy times 24:** 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:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary and appropriate.

**Post-operative hospital length of stay for 2-3 days:** 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:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary and appropriate.