

Case Number:	CM14-0074599		
Date Assigned:	07/16/2014	Date of Injury:	10/20/2011
Decision Date:	08/14/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/22/2014

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:

This 57-year-old female correctional case analyst sustained an industrial injury on 10/20/11, due to continuous trauma. The 6/21/12 EMG findings were normal with no evidence of any cervical radiculopathy. The 9/14/12 cervical spine MRI impression documented moderate left neuroforaminal stenosis at C5/6 and moderate spinal canal stenosis from C4/5 through C6/7. The 12/4/13 treating physician report indicated that the patient had 60% improvement with the 11/20/13 epidural injection (left C8) that lasted only 3 to 4 days. The facet joint block and medial branch radiofrequency (left C5-7) on 8/5/13 gave her the most relief, and improved the base of her neck but not the mid-neck pain. Cervical exam findings documented facet and paracervical tenderness, mild spasms, positive bilateral facet loading, and guarded Spurling's test. Motor function and reflexes were normal. Sensation was decreased in the left arm and thumb. The 12/6/13 physical therapy progress report noted a reduction in the Neck Disability Index functional score from 50 to 20 with treatment, indicative of functional improvement. The 4/30/14 second opinion report cited chronic neck pain with mild numbness and tingling in the 2nd and 3rd fingers on the left hand. Left upper extremity radicular pain was reported with neck flexion to the ipsilateral side or down to hand. Multilevel transforaminal epidural steroid injections and medial branch block at left C5-7 were reported with minimal effect. Physical exam findings documented left triceps, flexor digitorum profundus, and abductor digiti minimi muscle weakness. Sensation was reduced over the left C8 dermatome. The impression was left sided foraminal stenosis at C4/5, C5/6, and C6/7 and symptomatic radiculopathy in the C5 and C6 distributions down the left arm. The patient had failed conservative treatment including injections and physical therapy. AP and lateral cervical x-rays demonstrated grade 1 anterolisthesis C4 on C5, minimal retrolisthesis C5 on C6, and moderate degenerative disc disease at C5/6 and C6/7. A new MRI was recommended prior to surgery. Left sided

foraminotomies at C4/5 and C5/6 were recommended. The 5/12/14 utilization review denied the request for left C4/5 and C5/6 foraminotomies as there was no clear evidence of a C5 radiculopathy on clinical exam. It was noted that the patient had primarily neck pain and which was eliminated greatly by a medial branch block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left side foraminotomies at C4-5 and C5-6: 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): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy-laminectomy-laminoplasty.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provide specific indications for cervical decompression. Surgical indications include evidence of motor deficit or reflex changes that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. Guideline criteria have not been met. There is equivocal and inconsistent correlation between the clinical exam and imaging findings. The electrodiagnostic study demonstrated no evidence of cervical radiculopathy. The results from recent injections, epidural versus facet injections, are equivocal. There is no clear documentation that conservative treatment has failed. The most recent physical therapy report documented an objective functional improvement. Guideline-associated psychosocial screening is not evidenced. Therefore, this request for left C4/5 and C5/6 foraminotomies is not medically necessary.

Assistant Surgeon: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative cervical spine MRI: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Treatment Index, 11th Edition (Web), 2014, Treatment section for the neck under the heading MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The California MTUS criteria for ordering cervical imaging studies include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. Guideline criteria have been met. Given the current clinical exam evidence, a repeat MRI is reasonable to assess neural compromise and aid in treatment planning. Therefore, this request for pre-operative cervical spine MRI is medically necessary.