

<b>Case Number:</b>	CM14-0079103		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/03/2008
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 53-year-old female with an 11/3/08 date of injury. At the time (4/8/14) of request for authorization for Posterior C3-C7 decompression and Pre-Op Physical by [REDACTED], there is documentation of subjective (neck pain radiating to the shoulder and elbow with numbness down the right arm and into the hand) and objective (positive Spurling's sign, brisk reflexes in the upper extremities, and weakness in the biceps and triceps) findings, imaging findings (MRI of the cervical spine (4/26/13) report revealed severe spinal canal stenosis and foraminal stenosis at C5-6 and C6-7), current diagnoses (symptomatic cervical spinal stenosis), and treatment to date (medication, activity modification, and physical therapy). In addition, 4/2/14 medical report (Neurosurgery) recommends posterior cord and root decompression. There is no documentation of imaging findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at C3-4 and C4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Posterior C3-C7 decompression:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy/laminectomy/laminoplasty.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies documentation of persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term; and unresolved radicular symptoms after receiving conservative treatment, as criteria necessary to support the medical necessity of cervical decompression. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of cervical decompression. Within the medical information available for review, there is documentation of diagnoses of symptomatic cervical spinal stenosis. In addition, there is documentation of subjective (pain and numbness) and objective (positive Spurling's sign and motor changes) radicular findings in each of the requested nerve root distributions, imaging (MRI) findings (central canal stenosis and neural foraminal stenosis) at C5-6 and C6-7, and failure of conservative treatment (activity modification, medications, and physical modalities). However, there is no documentation of imaging findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at C3-4 and C4-5. Therefore, based on guidelines and a review of the evidence, the request for Posterior C3-C7 decompression is not medically necessary.

**Pre-Op Physical by Internist or Family Practice:** 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.