MAXIMUS Federal Services

Case Number:	CM14-0082258		
Date Assigned:	07/21/2014	Date of Injury:	11/01/2001
Decision Date:	08/26/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/03/2014

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. 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 69-year-old male who reported an injury on 11/01/2001 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his cervical spine. The injured worker underwent an MRI of the cervical spine on 10/25/2012. It was concluded that the injured worker had small canal, disc, and facet degenerative changes at multiple levels with no evidence of cord atrophy. The injured worker was evaluated on 01/21/2014. It was documented that the injured worker was having progressive cervical radiculopathy and myelopathy. Physical findings included restricted range of motion of the cervical spine secondary to pain with 4+/5 left biceps motor strength, 4+/5 left intrinsics motor strength, 4+/5 left grip strength, and 4/5 left triceps motor strength. The injured worker's diagnoses included myelopathy, cervical radiculitis, lumbago, and cervical lumbar disc degeneration. A request was made for cervical laminoplasty from the C3 to the C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

One inpatient Cervical Laminoplasty of Cervical 3-Cervical 7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 and Upper Back Chapter, Discectomy-laminectomy-laminoplasty.

Decision rationale: The requested One inpatient Cervical Laminoplasty of Cervical 3-Cervical 7 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for neck and upper back injuries for patients who have clear clinical findings of radiculopathy in dermatomal distributions consistent with pathology identified on an imaging study. The clinical documentation does include a cervical MRI that indicates there is multilevel disc degeneration. However, physical findings are consistent with the C6, C7, and C8 distributions. The clinical documentation does not provide any evidence of significant findings consistent with the C3-4 distribution. Therefore, it is unclear why surgical intervention would need to be provided at that requested level. Additionally, the Official Disability Guidelines recommend this type of surgical intervention for injured workers that have failed to respond to at least a 6 to weight week trial of conservative treatment. The clinical documentation does not identify any recent conservative therapy attempts in an attempt to avoid surgical intervention. As such, the requested One inpatient Cervical Laminoplasty of Cervical 3-Cervical 7 is not medically necessary or appropriate.

Pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground rules, CaliforniaOfficial Medical Fee Schedule, 1999 edition, pages 92-93.

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.

Cervical collar # 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

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.

Post-operative Physical Therapy sessions # 36: 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.