

<b>Case Number:</b>	CM14-0181458		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	10/20/2011
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 Minnesota. 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 57 year old female with a ten years history of neck pain associated with numbness and tingling in the left 2nd and 3rd fingers which has now progressed to involve the entire hand except the thumb. There is an extensive past history of non-operative treatment including transforaminal epidural steroid injections, medial branch blocks and radiofrequency facet rhizotomy with temporary relief. The last examination of 11/10/2014 documents some weakness in the hand but no problem with dexterity. She was not dropping objects. However, sensation is now normal/diminished in the C7 dermatome. There is motor weakness of the deltoid 4/5, Flexor digitorum profundus to the 3rd digit 4/5, abductor digiti minimi 4/5, and finger flexors/extensors 4/5. Deep tendon reflexes are normal and there are no upper motor neuron signs in the lower extremities or imaging evidence of myelopathy. The MRI scan of the cervical spine was repeated on 9/24/2014. This reveals multiple level degenerative disc disease with associated degenerative cascades which has progressed since the previous MRI of 9/14/2012. C4-5: There is 3mm anterolisthesis, severe left facet arthropathy, and moderate spinal canal stenosis. A 3mm left paracentral disc extrusion is associated with moderate to severe left neural foraminal stenosis. C5-6: Moderate left and mild right neural foraminal stenosis and moderate spinal canal stenosis. C6-7: Severe left and moderate right neural foraminal stenosis, moderate spinal canal stenosis. C7-T1: Moderate facet arthropathy. The disputed issue pertains to a request for left C4-5 and C5-6 foraminotomies which were non-certified by UR because the worker had not been seen in 6 months and the April 30, 2014 exam revealed evidence of motor weakness of C8 and T1 nerve roots not corroborating the requested foraminotomy levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left C4-5 foraminotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The request as stated, i.e. a left C4-5 foraminotomy will not address the advanced degenerative changes in the cervical spine with progressive spinal stenosis at multiple levels as reported on the MRI report dated 9/24/2014. There is progression of neurologic dysfunction reported associated with facet arthropathy and uncovertebral hypertrophy. The guidelines indicate surgical consideration if there are persistent severe and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms. There is no objective evidence of a C5 radiculopathy such as loss of the biceps reflex or electromyographic evidence of a C5 radiculopathy submitted. A left C4-5 foraminotomy will not address the pain originating in the facet joints or the neurologic symptoms resulting from the spinal stenosis which is documented on the MRI report. Based upon guidelines the requested foraminotomy is not supported by clear clinical evidence of a C5 radiculopathy that is known to benefit both in the short and long term by an isolated foraminotomy. The guidelines require the history, examination findings, and imaging to be consistent for the specific lesion for which surgery is requested. The requested surgery will certainly not address the larger clinical picture and as such is not medically necessary.

**Left C5-6 foraminotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

**Decision rationale:** Please see #1. The documentation does not support objective evidence of a C6 radiculopathy such as loss of the brachioradialis reflex or weakness of radial wrist extension. No EMG evidence of radiculopathy is submitted. The procedure as requested will not address the C7, C8, and T1 radiculopathy that is documented. Furthermore it will not address the spinal stenosis reported. The pain originating in the facet joints will not be affected. The guidelines require both clinical and imaging evidence of a lesion that is known to benefit from the requested surgery. The history, examination, and imaging should be consistent for the specific lesion. In light of the above the request for a foraminotomy at C5-6 on the left is not medically necessary.

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-183.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.