

<b>Case Number:</b>	CM14-0185863		
<b>Date Assigned:</b>	11/13/2014	<b>Date of Injury:</b>	04/04/1996
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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, has a subspecialty in Spine Surgeon and is licensed to practice in South Carolina and Georgia. 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 61-year-old male with a reported date of injury of 04/04/1996. The mechanism of injury was not stated. The current diagnoses include unspecified thoracic/lumbosacral neuritis/radiculitis, unspecified myalgia/myositis, opioid type dependence, reflex sympathetic dystrophy, cervical spondylosis, and postlaminectomy syndrome in the cervical spine. Previous conservative treatment includes stellate ganglion blocks, an intrathecal pump implantation, and medication management. The injured worker is currently utilizing Nucynta 100 mg and Lasix 40 mg. The injured worker presented on 09/03/2014 with complaints of 6/10 pain. The injured worker requested a repeat stellate ganglion block. The physical examination revealed normal findings. Treatment recommendations at that time included a repeat stellate ganglion block. Additionally, a request was submitted for a follow-up with the orthopedic surgeon regarding a cervical laminectomy revision or replacement and CT myelogram. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine explant with fluoroscopy and MAC:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7/Consultation, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**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. There is no mention of an exhaustion of conservative treatment prior to the request for a spinal procedure. The specific level at which the procedure will take place was not listed. Additionally, it is unclear whether the injured worker underwent a surgical evaluation. There were also no imaging studies provided for this review. The medical necessity has not been established. Therefore, the request is not medically appropriate at this time.