

<b>Case Number:</b>	CM14-0187681		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	06/20/2003
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 Surgeon 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:

A 49-year-old claimant was reported an industrial injury June 20, 2003. Exam note from May 27, 2014 demonstrates her pain was reduced 100% following selective nerve root block at the C5-6 level. Report states daily and constant neck pain. Exam demonstrates tenderness to palpation of paracervical muscles. Decreased sensation is noted in the right C5 through C8 dermatomal distributions. The patient is noted to have 4/5 strength in shoulder abduction, elbow, extension, wrist extension, and finger extension. September 26, 2014 demonstrates ongoing pain and constant severe neck pain primarily on the right side radiating down the right upper extremity in a C5 dermatomal distribution. CT scan cervical spine August 2014 demonstrates a prior C4-5 fusion. No narrowing or stenosis is noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right C4-5 foraminotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck & Upper Back (updated 08/04/14) Discectomy-laminectomy-laminoplastyODG Indications for Surgery--Discectomy/Laminectomy

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. There is no evidence of significant nerve root compromise on the CT from August 2014. The patient has radiating pain from the exam notes of but this does not correlate with any imaging findings. Therefore the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.

**EMG/NCV, bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck & Upper Back, Electromyography (EMG), Nerve Conduction Studies (NCS)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal tunnel section, electrodiagnostic studies

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, Carpal tunnel section, "Recommended in patients with clinical signs of CTS who may be candidates for surgery? Appropriate electrodiagnostic studies (EDS) include nerve conduction studies (NCS)." In this case there is no evidence of neurologic deficits or carpal tunnel syndrome in the cited records from 5/27/14 to warrant NCS or EMG. Therefore the request is not medically necessary.