

Case Number:	CM14-0194487		
Date Assigned:	12/02/2014	Date of Injury:	06/05/2013
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/20/2014

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 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 51-year-old male with a 6/5/13 date of injury. At the time (10/23/14) of request for authorization for Expansile laminoplasty C3-C7, facility Inpatient times 1-2 days, medical Clearance (unspecified), and cardiac clearance, there is documentation of subjective (neck pain radiating to left upper extremity associated with weakness and numbness) and objective (4/5 strength of left triceps, left deltoid, and left finger interossei; positive Spurling's test; and negative Hoffman reflex) findings, imaging findings (MRI of the cervical spine (7/1/14) report revealed C3-4 moderate spinal stenosis, broad-based osteophyte disc complex greatest in the left pre-foraminal region, cord impingement on the left, impingement of the crossing/exiting left C4 nerve root, and degenerative changes; C4-5 mild spinal stenosis spondylotic endplate change/annular disc bulge, and small right paramedian disc protrusion; C5-6 minimal spinal stenosis and spondylotic endplate change/annular disc bulge; and C6-7 mild spinal stenosis, osteophyte disc complex greatest centrally and to the right, potential subtle cord impingement, and degenerative disc space changes), current diagnoses (cervical spinal stenosis with moderate cord compression), and treatment to date (medications). Regarding Expansile laminoplasty C3-C7, there is no additional documentation of activity limitation for more than one month; clear imaging evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term (C5-C7); and unresolved radicular symptoms after receiving additional conservative treatment (physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

Expansile laminoplasty C3-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

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

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. Within the medical information available for review, there is documentation of a diagnosis of cervical spinal stenosis with moderate cord compression. In addition, given documentation of subjective (neck pain radiating to left upper extremity associated with weakness and numbness) findings, there is documentation of persistent, severe, and disabling arm symptoms. However, despite documentation of objective ((4/5 strength of left triceps (C7), left deltoid (C5), and left finger interossei (C7)) findings, there is no additional documentation of activity limitation (at C6) for more than one month. In addition, despite documentation of imaging findings (MRI of the cervical spine identifying moderate spinal stenosis and impingement of the crossing/exiting left C4 nerve root), there is no documentation of clear imaging evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term (C5-C7). Furthermore, despite documentation of conservative treatment (medications), there is no documentation of unresolved radicular symptoms after receiving additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for Expansile laminoplasty C3-C7 is not medically necessary.

Facility Inpatient times 1-2 days: 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.

Medical Clearance (unspecified): 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.

Cardiac clearance: 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.