

Case Number:	CM14-0200182		
Date Assigned:	01/13/2015	Date of Injury:	12/03/2013
Decision Date:	02/23/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 44-year-old male who reported an injury on 12/03/2013. The mechanism of injury was due to lifting a 100 pound trash bag to throw into a dumpster, feeling a sharp strain in his neck. The injured worker has diagnoses of cervical stenosis with cord signal change, cord edema, and gliosis, and myeloradiculopathy cervical spine. Past medical treatment consisted of physical therapy, massages, and medication therapy. Medications consisted of amlodipine 2.5 mg, tramadol, omeprazole 20 mg, and naproxen. On 11/25/2013, the injured worker underwent an MRI of the cervical spine which revealed: a 3 mm posterior central disc bulge at C3-4, causing mass effect upon the spinal cord, with edematous change and myelopathic changes; mild posterior disc bulge at C5-6, mildly abutting the spinal cord, with no significant myelopathic change at this level; 4 mm posterior central disc bulge causing mass effect upon the cord and focal myelopathic changes; extent of myelopathic change is less than at the C3-4 region; other regions of mild cervical spondylosis; C2-3 were unremarkable, C4-5 were unremarkable, and C7-T1 were unremarkable. On 10/22/2014, the injured worker complained of cervical spine pain, described as constant that aggravated with activity, and rated at 6/10 to 7/10. His symptoms included stabbing pain, spasm and stiffness in the morning, numbness in his left arm, mainly when tilting his head back and intermittent sharp nerve pain that radiated down his spine and into his right leg when performing any strenuous activity. Examination of the cervical spine revealed tenderness to palpation at the paraspinals, left greater than right, at C4 through C7. There is range of motion of forward flexion of 40 degrees, extension 40 degrees, right lateral bending 30 degrees, left lateral bending 30 degrees, right rotation 50 degrees, and left rotation 60

degrees. Deep tendon reflexes were 2 bilaterally. Hoffman's on the right was positive. Motor strength was 4/5 in the triceps, right flexors, wrist extensors, and Bankart abductors bilaterally. Deltoids were 5/5 on the right, and 4/5 on the left. Biceps were 5/5 on the right, and 4/5 on the left. Motor exam and sensory examination revealed MED arm was normal bilaterally, MED forearm was normal bilaterally, small finger was normal bilaterally, middle finger was normal bilaterally. First ST DWS was normal on the right and decreased on the left, lateral forearm was normal on the right and decreased on the left, lateral arm was normal on the right and normal on the left. The medical treatment plan is for the injured worker to undergo decompression C3 through C6 laminoplasties, as well as laminotomies, inferior pull of C2, superior pull of C7. The provider stated that the injured worker does have fairly advanced discogenic collapse and possible/probable need for future anterior stabilization and decompression. However, they will put that on hold and re-evaluate him postoperatively before deciding the next course of action. A Request for Authorization form was submitted on 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression C3 through C6 laminoplasties: 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 (ODG), Neck & Upper Back Complaints, Decompression, Myelopathy Section

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

Decision rationale: The request for decompression C3 through C6 laminoplasties is not medically necessary. According to the CA MTUS/ACOEM Guidelines, surgical consideration may be considered when injured workers complain of persistent, severe, and disabling, shoulder or arm symptoms, activity limitation for more than 1 month or with extreme progression of symptoms, clear clinical and imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both short and long term. There should also be signs of unresolved radicular symptoms after receiving conservative treatment. The guidelines state that the efficacy of surgery for injured workers with chronic cervical pain without instability has not been demonstrated. If surgery is a consideration, counseling and discussion regarding likely outcomes, risks, and benefits, and especially expectations is essential. Injured workers with acute neck and upper back pain alone, without findings of serious conditions or significant nerve root compromise rarely benefit from either surgical consultation or surgery. If there is no clinical indication for surgery, referring the injured worker to a physical medicine or rehab specialist may be helpful to resolve symptoms. Based on extrapolating studies on low back pain, it also would be prudent to consider a psychological evaluation of the injured worker prior to referral for surgery. The submitted documentation did not indicate clear signs of cervical pain with instability. There were also no findings of unresolved radicular symptoms after receiving conservative treatment. Furthermore, there was no documentation submitted indicating that the injured worker had undergone a psychological evaluation. An MRI of the cervical spine performed 11/25/2013, demonstrated a

large area of cord edema with gliosis at C3-4, and a smaller area at C6-7. There was a broad based protrusion at C3-4, C5-6, and C6-7. There were also signs of severe spinal stenosis at C3-4, as well as bilateral foraminal stenosis, right worse than left, at C3-4. However, the submitted documentation did not indicate that the injured worker had exhausted all conservative care and treatment. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

A two-day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Hospital Length of Stay Section

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.

An assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Assistant Surgeon Section

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.

Pre-operative clearance consultation for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation website <http://www.guideline.gov/content.aspx?id=48408>

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.

Preoperative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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.

Preoperative chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter

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.

Orthofix-Bone Growth Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Laminotomies inferior pole of C2 superior of C7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery Chapter

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.

Preoperative labs: CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Lab Testing Section

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.

Preoperative labs: CMP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Lab Testing Section

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.

Preoperative labs: prothrombin time: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Lab Testing Section

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.

Preoperative labs: partial thromboplastin time (PTT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Lab Testing Section

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.

Preoperative labs: urinalysis (UA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative Lab Testing Section

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.