

<b>Case Number:</b>	CM14-0209647		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 50-year-old male who reported an injury on 05/20/2011 due to an unspecified mechanism of injury. Nerve conduction studies dated 09/23/2013 showed evidence of left carpal tunnel syndrome and right carpal tunnel syndrome. On 04/29/2014, he underwent a cervical spine MRI which showed mild cervical spine degenerative changes with associated foraminal stenosis most prominent at the C6-7. On 11/10/2014, he presented for a followup evaluation. It was noted that he was status post C6-7 injection that was helpful for a few days. He continued to be out of work due to pain and had restrictions with motion in the neck. A physical examination showed restriction of cervical spine motion with some pain at ends of range of motion. He had a negative Spurling's test, negative Lhermitte's sign, and when he looked up he stated that he had a buzzing sensation into the left arm. It was stated that he was status post interbody fusion at the C5-6 and C6-7 with persistent left radicular arm symptoms. Information regarding the injured worker's medications was not provided. The treatment plan was for an assistant surgeon, 1 day inpatient stay, and posterior spinal decompression at the left C6-7 with or without instrumentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Treatment Index 12th Edition (web) 2014 Neck and Upper Back Discectomy laminectomy laminoplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Surgical Assistant.

**Decision rationale:** The Official Disability Guidelines recommend surgical assistants for complex surgeries. According to the documentation submitted for review, the injured worker was noted to be sympathetic regarding the cervical spine. However, there is a lack of documentation to support the requested surgical procedure. Therefore, the requested assistant surgeon would not be supported. As such, the request is not medically necessary.

**Facility: Inpatient X1day Stay (With Assistance Please Clarify):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, In-Patient Stay.

**Decision rationale:** The Official Disability Guidelines recommend a 1 day inpatient stay following the requested procedure. As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Posterior Spinal Decompression Left C6-C7 + / - Instrumentation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index Nerve Root Decompression

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Discectomy/Laminectomy.

**Decision rationale:** The CAMTUS/ACOEM Guidelines recommend a surgical consultation for those who have 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 electrophysiologic evidence consistently indicating the same lesion; and unresolved radicular symptoms. The Official Disability Guidelines recommend discectomy/laminectomy when there is evidence of radicular pain in a specific dermatomal/myotomal pattern that is corroborated by imaging/electrodiagnostic studies after a 6-8 week trial of conservative treatment. Based on the clinical information submitted for review, the injured worker was symptomatic regarding the

cervical spine. However, there was a lack of documentation indicating neurological deficits such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution to support the requested intervention. In addition, there is no evidence that the injured worker has undergone all recommended conservative treatment such as physical therapy to support the request. In the absence of this information, the request will not be supported by the evidence based guidelines. As such, the request is not medically necessary.