

Case Number:	CM14-0219114		
Date Assigned:	01/09/2015	Date of Injury:	04/16/2013
Decision Date:	05/01/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/31/2014

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: California
 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 58 year old male, who sustained an industrial injury on 4/16/13. He has reported neck and back injury. The diagnoses have included cervical stenosis, cervical radiculopathy, and lumbar stenosis, left upper extremity weakness and radiculopathy and left lower extremity weakness and radiculopathy. Treatment to date has included medications, Epidural Steroid Injection (ESI), diagnostics, conservative measures, physical therapy, and daily Home Exercise Program (HEP). Currently, as per the physician progress note/follow up visit dated 11/26/14, the injured worker complains of neck and lumbar spinal pain, dense upper extremity, left upper extremity weakness, and left lower extremity weakness. He uses a walker to ambulate. He recently had Epidural Steroid Injection (ESI) on 11/13/14 which did not provide any pain relief not even short term. Physical exam revealed weakness of left lower extremity, toe and heel walk reveals a partial foot drop on the left, and there was bilateral hypesthesia. The exam was unchanged. The Computed Tomography (CT) scan of the cervical spine dated 11/14/14 revealed spinal stenosis, pseudoarthrosis, non fusion ten plus months post C6-C7 and C7-T1 for cervical spinal stenosis and mild radiculopathy with left upper extremity radicular deficits (weakness) and lumbar spinal stenosis with left lower extremity radiculopathy and weakness. The injured worker agreed that the Epidural Steroid Injection (ESI) and conservative treatment did not improve the pain at all. The physical therapy sessions were noted. The physician's treatment plan included Posterior cervical decompression & interspinal arthrodesis. Work status was temporary totally disabled 11/26/14-12/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior cervical decompression & interspinal arthrodesis: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-193.

Decision rationale: Per the CA MTUS/ACOEM guidelines, Chapter 8, Neck and Upper Back complaints, pages 180-193 states that surgical consultation is indicated for persistent, severe and disabling shoulder or arm symptoms who have failed activity limitation for more than one month and have unresolved radicular symptoms after receiving conservative treatment. In this case the exam notes from 11/26/14 do not demonstrate any detailed physical exam has been performed correlating with the CT scan from 11/14/14. As there is no detailed musculoskeletal exam focusing on the upper extremities in the records submitted, the determination is for non-certification; the requested treatment is not medically necessary.