

<b>Case Number:</b>	CM15-0007432		
<b>Date Assigned:</b>	01/22/2015	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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, Sports Medicine

### 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 59-year-old male who reported an injury on 04/27/2010. The mechanism of injury was a fall. He is diagnosed with cervicalgia, cervical disc displacement, cervical facet arthropathy, degenerative disc disease, and cervical radiculopathy. His past treatments were noted to include lumbar spine surgery, physical therapy, chiropractic treatment, epidural steroid injections, and home exercises. His medications were noted to include Zantac, Cymbalta, Lyrica, Celebrex, oxycodone, morphine, and baclofen. It was reported that a CT scan of the cervical spine on 09/16/2014 had showed moderate degenerative changes and multilevel stenosis from C3-6 and that a prior electrodiagnostic study on 06/27/2013 had been negative for radiculopathy in the upper extremities. The radiology reports for these studies were not provided for review. The injured worker was seen for a neurosurgical evaluation on 11/24/2014. It was noted that his symptoms include posterior neck pain without radiation. It was noted that the injured worker had a recent diagnostic epidural steroid injection at C3-4 which resulted in 100% pain relief. However, the followup note, dated 07/31/2014 indicated that the injection had occurred at the bilateral C4-5 level and resulted in 100% relief for a few days. Physical examination revealed decreased motor strength in the left finger abductors to 4/5 and decreased sensation in the right posterior arm and both thumbs. It was also noted that the Spurling's test has been positive for left neck and shoulder pain. A recommendation was made to proceed with foraminotomy rather than serial steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Posterior Cervical Foraminotomy C3-4 Left: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck procedure, Discectomy-laminectomy-laminoplastyODG-Indications for surgery-Discectomy/Laminectomy (excluding fractures)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 179-180.

**Decision rationale:** According to the California MTUS/ACOEM Guidelines, surgery may be recommended for patients with severe disabling shoulder or arm symptoms; activity limitation for more than 1 month with extreme progression of symptoms; clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair; and unresolved radicular symptoms after receiving conservative treatment. The clinical information submitted for review indicated that the injured worker had significant neck pain despite treatment with physical therapy, chiropractic treatment, medications, home exercise, and injections. However, there was no recent documentation specifically outlining disabling radicular symptoms. While she was shown to have neurological deficits on physical examination, and significant pathology on a recent CT scan, the CT report was not provided to verify this. In addition, it was noted that electrodiagnostic testing had been negative for radiculopathy. Furthermore, there is a discrepancy in the submitted documentation as the neurosurgeon indicated that diagnostic epidural steroid injection had resulted in 100% relief at the C3-4 level. However, the followup report after the most recent injection indicated that it had been given at the C4-5 level, which does not correlate with the requested surgical procedure. Therefore, clarification is needed regarding the injured worker's radicular symptoms, diagnostic findings, and relief after diagnostic steroid injections. For these reasons, the request for a posterior cervical foraminotomy C3-4 left is not medically necessary at this time.

**"Associated Surgical Service" 1 day Inpatient stay": 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.