

<b>Case Number:</b>	CM15-0106403		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	06/21/2002
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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: New York

Certification(s)/Specialty: Neurological 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 51 year old male, who sustained an industrial injury on 6/21/2002. He reported being assaulted by an inmate. Diagnoses have included cervical stenosis, lumbar radiculopathy, right shoulder strain, thoracic strain and bilateral knee strain. Treatment to date has included C5-C7 anterior cervical discectomy and fusion (ACDF), cervical epidural steroid injection, cervical brace, muscle stimulator, power massage chair and medication. Cervical magnetic resonance imaging (MRI) from 3/25/2015 showed stable surgical changes of anterior fusion at the C5-C7 levels and mild to moderate degenerative changes of the cervical spine most pronounced at the C3-C4 level. There was mild canal stenosis and moderate left foraminal narrowing at that level. There was mild left foraminal narrowing at the C4-C5 level. According to the progress report dated 7/9/2014, the injured worker complained of bilateral radiation to his shoulders. Physical exam revealed an antalgic gait bilaterally. He had decreased range of motion. Sensation was decreased over his third and fourth fingers and lateral forearms bilaterally. Computed tomography scan showed cervical stenosis at C3-4 and C6-7; solid fusion was noted. The physician recommendation was for C3-4 and C6-7 bilateral laminoforaminotomy. A follow-up note dated 5/13/2015 documents that the injured worker's symptoms were radiculopathic in nature and corresponded to trapezial pain, which was implicating the C6, C7 level and cervicogenic headache pain, which implicated the C3-4 level. Authorization was requested for bilateral laminotomy at C3-4 and C6-7, bilateral foraminotomy at C3-4 and C6-7 and medical clearance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Laminotomy bilateral C3-4 Qty: 2.00: 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

**Decision rationale:** The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating, upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Such evidence is not provided in the documentation. The guidelines note the patient would have failed a trial of conservative therapy. The provider states this has been exhaustive but no details to support this view are found in the documentation which does show a chronic pain syndrome. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Laminotomy bilateral C3-4 Qty: 2.00 is not medically necessary or appropriate.

### **Laminotomy bilateral C6-7 Qty: 2.00: 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

**Decision rationale:** The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating, upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Such evidence is not provided in the documentation. The guidelines note the patient would have failed a trial of conservative therapy. The provider states this has been exhaustive but no details to support this view are found in the documentation which does show a chronic pain syndrome. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Laminotomy bilateral C6-7 Qty: 2.00 is not medically necessary or appropriate.

### **Foraminotomy bilateral C3-4 Qty: 2.00: 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

**Decision rationale:** The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating, upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Such evidence is not provided in the documentation. The guidelines note the patient would have failed a trial of conservative therapy. The provider states this has been exhaustive but no details to support this view are found in the documentation which does show a chronic pain syndrome. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Foraminotomy bilateral C3-4 Qty: 2.00 is not medically necessary or appropriate.

**Foraminotomy bilateral C6-7 Qty: 2.00:** 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-80.

**Decision rationale:** The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating, upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Such evidence is not provided in the documentation. The guidelines note the patient would have failed a trial of conservative therapy. The provider states this has been exhaustive but no details to support this view are found in the documentation which does show a chronic pain syndrome. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Foraminotomy bilateral C6-7 Qty: 2.00 is not medically necessary or appropriate.

**Medical clearance Qty: 1.00:** 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.