

<b>Case Number:</b>	CM15-0107378		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	01/10/2002
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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, Indiana, Oregon  
 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:

injured worker is a 47 year old male with an industrial injury dated 01/10/2002 His diagnoses included discogenic cervical condition status post fusion from cervical 5 to cervical 7, discogenic lumbar condition status post fusion and chronic pain syndrome. Comorbid diagnoses included hypertension and diabetes. Prior treatment included acupuncture, medications, H Wave, cognitive behavioral therapy, diagnostics, and surgical intervention. He presented on 05/11/2015 for evaluation. He is post cervical fusion with residual symptoms to include headache, neck pain and bilateral arm radiation. He complains of right shoulder pain rated as 8/10 with associated numbness and weakness. Physical exam revealed limited neck range of motion with subjective numbness in his hands diffusely mostly in the cervical 6-7 distribution. Nerve conduction study showed mildly severe polyneuropathy, consistent with diabetes. There was right cervical 5 radiculopathy with denervation. CT scan dated 05/06/2015 showed arthrodesis at cervical 5-6 and cervical 6-7. There was severe foraminal stenosis at cervical 4-5, 5-6 and 6-7. There was probably solid arthrodesis with plate in satisfactory position. The formal reports are in the submitted records. The provider documents poor outcome after a two level fusion and recommends a posterior cervical foraminotomy. The treatment request is for posterior cervical foraminotomy cervical 3-cervical 7, possible extension of the fusion at cervical 4-5, pre-op clearance and associated surgical service: LOS - Inpatient times one day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Posterior cervical foraminotomy C3-C7, possible extension of the fusion at C4-C5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165 and 166. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back, Decompression.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. In this case the EMG from 3/25/15 reveals a polyneuropathy likely secondary to diabetes. There is no lateralizing radiculopathy indicative of specific nerve root compromise. On the exam of 5/11/15 there was no clear evidence of lateralizing radiculopathy correlating with the imaging findings. Based on this the request is not medically necessary.

**Pre-op clearance:** 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.

**Associated surgical service: LOS: Inpatient x 1 day:** 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.