

Case Number:	CM15-0135107		
Date Assigned:	07/23/2015	Date of Injury:	05/22/2010
Decision Date:	08/20/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/13/2015

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, 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:

The injured worker is a 56 year old female, who sustained an industrial injury on 5/22/10. The injured worker was diagnosed as having left cervical C3-4 and C6-7 stenosis. Treatment to date has included C5-6 and C6-7 fusion, epidural steroid injections, facet blocks, physical therapy, and medication. Currently, the injured worker complains of left sided suboccipital pain and left sided arm pain. Severe radiculopathy and weak triceps were also noted. Left sided suboccipital and retromastoid upper cervical headaches were noted. The treating physician requested authorization for left posterior cervical C3-4 and C6-7 laminoforaminotomy, an assistant surgeon, a 2 day inpatient stay, and pre-operative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left posterior cervical C3-4, C6-7 laminoforaminotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

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

Decision rationale: CA MTUS/ACOEM Chapter 8, Neck complaints, page 183, recommends cervical decompression is carried out only in the presence of correlating exam findings with clear imaging evidence of a compressive lesion. In this case, there is prior surgery with revision and continued complaints. There is no evidence of a clear compressive lesion on the most recent MRI to warrant decompression. Therefore this request is not medically necessary.

Associated surgical services: Assistant surgeon: 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 services: LOS: Inpatient x 2 days: 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 services: Pre-op medical 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.