

Case Number:	CM15-0169236		
Date Assigned:	09/15/2015	Date of Injury:	08/25/1987
Decision Date:	10/14/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/27/2015

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, Oregon, Washington
 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 (IW) is a 65-year-old female who sustained an industrial injury on 08-25-1987. The injured worker was diagnosed as having Lumbar Stenosis, and Lumbar Spondylosis. Treatment to date has included a cervical fusion 2003 (exact date not given) with a repeat of the cervical fusion one month after the first surgery. A MRI of 08-11-2014 showed severe lumbar spondylosis, severe central canal and neural foraminal stenosis at L3-4 and L4-5, and severe bilateral neural foraminal stenosis at L5-S1. A radiology report of 06-3-2015 showed imperfect healing of the spine C4-5 with disc degeneration C6-7. The anterior posterior view of the lumbar spine showed a lateral listhesis of L3 on L4 and a tilt to the left of L3 on L4. The lateral view of the lumbar spine demonstrated anterolisthesis of L4-5 and L3-4. Flexion-extension showed further anterolisthesis of L4 on L5 and L3 on L4. Review of the orthopedic and spinal surgery initial evaluation of 06-03-2015 notes the worker continues to have neck and low back pain with radiation to both arms and to the left leg. The worker has numbness and tingling in both hands, and weakness in the left arm and both legs. She rates her average low back pain at 5-6 and average neck pain about the same. Coughing, sneezing, bending, and lifting make the back pain worse. She has difficulty sitting comfortable more than 15 minutes, and difficulty sleeping. She cannot walk more than one block due to back pain and has pain if driving a car greater than one hour. On exam, she can touch her chin within a "few fingerbreadths" of her chest, has 80% of normal extension and rotation of her spine with intact sensation in all digits, normal reflexes on the right, and diminished triceps reflexes with absent biceps reflex on the left. Treatment recommendation was for a repeat decompression at L4-5 and L3-4 with fusion of the spine from

L3 to S1. The decompression and fusion recommendation is due to her severe weakness of dorsiflexion of the foot and great toe bilaterally which is felt to be the result of severe canal stenosis at L3-4 and L4-5. A removal of the plates and screws in the cervical spine with re-decompression at C4-5, C5-6 and C6-7 and completed fusion at C4-5 and redone at C5-6 with disc replacement arthroplasty at C6-7 was recommended. A request for authorization was submitted for 1. HWR and decompression C4-7, completion of ACF C4-5, revision ACF C5-6, ADR C6-72. Three day inpatient hospital stay. 3. Assistant Surgeon. A utilization review decision 07-31-2015 denied the request in its entirety.

IMR ISSUES, DECISIONS AND RATIONALES

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

HWR and decompression C4-7, completion of ACF C4-5, revision ACF C5-6, ADR C6-7:
Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

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. There is no evidence of correlating nerve root compromise from the exam and imaging studies provided. The patient has radiating pain from the exam notes of but this does not correlate with any imaging findings. Therefore, the patient does not meet accepted guidelines for the procedure and the request is non-certified. 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 provided do not demonstrate any conservative treatment has been performed for the claimant's cervical radiculopathy. Therefore, the determination is not medically necessary.

Three day inpatient hospital stay: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines Inpatient and Surgical Care 18th Edition.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.