

Case Number:	CM15-0196697		
Date Assigned:	10/12/2015	Date of Injury:	09/09/2009
Decision Date:	11/23/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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, Montana, California
 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:

This is a 45-year-old male with a date of industrial injury 9-9-2009. The medical records indicated the injured worker (IW) was treated for cervicgia and cervical radiculopathy. In the progress notes (8-10-15 and 9-18-15), the IW reported neck pain rated 6 to 7 out of 10, with bilateral upper extremity pain rated 6 to 7 out of 10 on the right side and 5 out of 10 on the left. Most of the pain was stated to come down into the neck and shoulder blade region, into the arms and culminated with numbness in the thumbs and index fingers bilaterally. Medications included Lidoderm patches. On examination (9-18-15 notes), Spurling's sign was positive bilaterally. Upper extremity strength was good bilaterally and there was numbness in his thumbs and index fingers. The IW was working regular duty. Treatments included two C6 epidural steroid injections (with benefit) and physical therapy. An MRI of the cervical spine on 7-24-15 found "multilevel congenital spinal canal narrowing with minor degenerative disc disease with mild to moderate central canal stenosis and multilevel foraminal stenosis secondary to arthropathy". The treatment plan included a consultation for the right shoulder and cervical spine surgery at C4 through C7, which was the region the provider believed to be clinically the most problematic. A Request for Authorization was received for bilateral C4-7 posterior decompression laminotomies, inpatient 2 - day stay, pre-op clearance (labs, EKG), soft cervical collar and bone growth stimulator. The Utilization Review on 9-29-15 non-certified the request for bilateral C4- 7 posterior decompression laminotomies, inpatient 2 - day stay, pre-op clearance (labs, EKG), soft cervical collar and bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral C4-7 posterior decompression laminotomies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery-Discectomy/laminectomy (excluding fractures).

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

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. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The provided documentation does not have evidence that correlates the physical and neurological findings with the requested operation. The requested treatment: Bilateral C4-7 posterior decompression laminotomies is not medically necessary and appropriate.

Associated surgical service: Inpatient 2 day 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.

Pre-operative clearance: Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing, general.

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.

Pre-operative clearance: Electrocardiogram (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Preoperative testing, general.

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: Soft cervical collar: 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 & Upper Back, Cervical collars.

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: Bone growth stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Bone growth stimulators.

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.