

Case Number:	CM15-0205311		
Date Assigned:	10/22/2015	Date of Injury:	09/11/2013
Decision Date:	12/03/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/19/2015

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: Illinois, California, Texas
 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:

This injured worker is a 57-year-old male sustained an industrial injury on 9/11/13. The mechanism of injury was not documented. The injured worker underwent a left C4/5 selective nerve root block on 3/30/15 with 70% initial improvement, following by recurrence in symptoms. He underwent left laminotomy with keyhole neuroforaminotomy at C4/5 on 6/18/15. The 8/24/15 treating physician report indicated that the injured worker underwent a left neural foraminotomy on 6/18/14 and was pleased with his level of improvement relative to the cervical spine. He reported overall pain in multiple orthopedic joints, however there was normal left upper extremity neurologic function with no sensory or motor deficits. The treatment plan recommended physical therapy. The 9/28/15 treating physician report indicated that the injured worker had been authorized to undergo neural foraminotomy. He desired to proceed with the completion of such and would like to be scheduled for right neural foraminotomy with decompression. Symptomatology was consistent with right sided triceps changes at 4/5. There were sensory changes in the C6/7 dermatomal distribution with most findings at the C7 distribution. Authorization was requested for right C6/7 neural foraminotomy. The 10/8/15 utilization review noncertified a request for right C6/7 neural foraminotomy as there was no imaging evidence of significant foraminal stenosis in the cervical spine at a level consistent with the injured worker's symptoms. The 10/26/15 treating physician report documented objective findings of 4/5 right triceps and 4+/5 right wrist flexor strength, and diffuse sensory changes in the right C7 dermatome. The pain drawing documented grade 7/10 neck pain with bilateral upper

extremity forearm numbness. The injured worker had findings of right C7 radicular findings with probable neuroforaminal narrowing. A current MRI of the right C6/7 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Cervical 6-7 Neural Foraminotomy: 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 (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Discectomy-laminectomy-laminoplasty.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provide surgical indications for decompression surgery that include evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or a positive Spurling's test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic. Guideline criteria have not been met. This injured worker presents with neck pain and bilateral forearm numbness. Clinical exam findings document motor and sensory deficits consistent with C6/7 nerve compromise. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is no documentation of electrodiagnostic or imaging findings or a C6/7 selective nerve root block in the submitted records correlated with clinical exam findings. Records indicated that a cervical MRI was requested on 10/28/15. Therefore, this request is not medically necessary at this time.