

<b>Case Number:</b>	CM15-0031405		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	06/28/2006
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: 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:

The injured worker is a 52-year-old male who reported injury on 06/28/2006. The mechanism of injury was the injured worker was attempting to escort an unruly patron from the bar/nightclub when he was attacked by the patron. The injured worker underwent a C7-T1 interlaminar epidural steroid injection on 06/19/2013 and 08/12/2013. The injured worker underwent physical therapy for the shoulder and neck. The injured worker underwent a CT of the cervical spine after myelogram on 04/05/2013, which revealed at C6-7, there was a discosteophyte complex with uncovertebral hypertrophy and mild facet arthropathy causing moderate spinal canal stenosis and moderate to severe bilateral neural foraminal narrowing. The AP diameter of the thecal sac was 0.7 cm. The injured worker underwent electrodiagnostic studies, which revealed acute left cervical radiculopathy affecting the C7-8 distribution with possible involvement of C6 on 08/18/2011. The documentation of 01/29/2015 revealed the injured worker had pain that was consistent with the last visit. The injured worker had decreased range of motion with increased left sided pain at range of motion extremes, especially flexion. The motor strength was 5/5. The sensation was decreased in the ulnar left hand, involving long and ring fingers. Deep tendon reflexes were 1+/2 bilaterally. The injured worker felt no change with manual traction. The left Spurling's pain was in the left posterior neck. Diagnoses included cervical radiculopathy and cervical spinal stenosis. The documented plan indicated that the physician would not be enthusiastic about any anterior surgical procedure; however, it was opined surgery to address the foraminal stenosis would be best performed using a laminotomy / foraminotomy from a posterior approach. There were noted to be no findings of peripheral nerve compression on examination.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Foraminotomy C6-7, left: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck, Discectomy-laminectomy-laminoplasty.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The clinical documentation submitted for review failed to indicate an exhaustion and failure of recent conservative care. There was a lack of documentation of electrodiagnostic studies involving C6. Additionally, there was a lack of documentation indicating the injured worker had instability upon examination and spinal stenosis per CT. Given the above, the request for foraminotomy C6-7, left, is not medically necessary.

### **Assistant surgeon: 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), Low Back, Surgical assistant.

**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: Length of stay (LOS), - 23 hr stay: 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).

**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: Intraoperative spinal monitoring: 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, Intraoperative neurophysiological monitoring (during surgery).

**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.