

Case Number:	CM15-0044971		
Date Assigned:	03/16/2015	Date of Injury:	06/17/2009
Decision Date:	05/11/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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 62-year-old male who reported injury on 06/17/2009. The mechanism of injury was a motor vehicle accident. Other therapies were noted to include medications and work restrictions. The injured worker was noted to undergo an MRI of the cervical spine on 10/18/2013 which revealed degenerative disc disease and facet arthropathy with retrolisthesis at C3-4, C4-5 and C6-7 with postoperative changes at C5-6. There was canal stenosis at C3-4 that was mild, C4-5 moderate, and C5-6 mild. There was neural foraminal narrowing included at C4-5 mild left and C6-7 moderate to severe bilaterally. The official MRI was not provided for review. The documentation of 01/21/2015 revealed the injured worker had an increase in upper back and neck pain since the last visit. The treatment history included cervical fusion at C5-6 in 2011 and an epidural steroid injection at C6-7 on 02/12/2014. The medications included tramadol 37.5 mg 3 times per day and LidoPro cream. The injured worker indicated the left side of his neck hurt more than the right. The injured worker had associated left arm numbness and tingling radiating into the 1st three digits. The objective findings revealed positive Spurling's on the left with symptoms into the hand. The injured worker had decreased range of motion and had diminished sensation in the left at C6-7. The left deltoid, bicep, and wrist flexion strength were 5-/5. The diagnoses included cervical radiculopathy and degenerative disease of the cervical spine. The treatment plan included a posterior foraminotomy at the left C4-5, C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Medical Clearance with History and Physical Examination: 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.

1 Electrocardiography and Chest X-ray: 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- Lumbar & Thoracic (Acute & Chronic).

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.

1 Posterior Foraminotomy at the Left C4-C5, C5-C6 and C6-C7: 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 and Upper back.

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 indicate that a surgical consultation may be appropriate for an injured worker who has activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical imaging and electrophysiologic 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 injured worker had objective findings to support a foraminotomy. This would be supported at the level of C6 and C7. However, it would not be supported at all the requested levels. There was no MRI submitted for review or electrodiagnostic studies submitted for review to indicate nerve impingement. The clinical documentation submitted for review failed to provide documentation of recent conservative care. There was a lack of documentation indicating the duration of prior conservative care. Given the above, the request for 1 posterior foraminotomy at the left C4-C5, C5-C6 and C6-C7 is not medically necessary.

1 preoperative Complete Blood Count, Basic Metabolic Panel, Prothrombin Time, Activated Partial Thrombin Time, Blood Typing and Screening and Urinalysis: 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 - Lumbar & Thoracic (Acute & Chronic).

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.