

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0038982 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 06/30/2012 |
| Decision Date: | 02/20/2014 | UR Denial Date: | 08/30/2013 |
| Priority: | Standard | Application Received: | 10/03/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 43-year-old female who sustained an injury to her cervical spine in a work related accident on June 30, 2012. Clinical records available for review included a recent assessment dated August 15, 2013 documenting ongoing complaints of pain and discomfort. It stated that the claimant described pain to the cervical spine with radiating complaints to the shoulders. The assessment stated treatment has included epidural injections, anti-inflammatory agents, and physical therapy and work modifications. Current physical examination findings show 5/5 motor tone with restricted cervical range of motion, diminished sensation in a C5 dermatomal distribution of the left upper extremity and equal and symmetrical reflexes. Also reviewed at that time was an April 10, 2012 MRI report that is specific to the claimant's C3-4 level documented to show "no significant stenosis" and at the C4-5 level, disc desiccation was noted with no significant central stenosis or foraminal stenosis on the right, but moderate left foraminal narrowing. The electrodiagnostic studies of May 25, 2012 revealed mild acute cervical radiculopathy to the left C5 and 6 nerve root distributions. Surgical process in the form of a C3-4 and 4-5 laminectomy with inpatient stay and use of a postoperative surgical collar was recommended as well as a request for an updated MRI scan of the cervical spine for further assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left C3-4, C4-5 laminoforaminotomy with metrx tubes: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, and 2013 Updates: Discectomy-laminectomy-laminoplasty.

Decision rationale: The ACOEM Guidelines are silent. Based upon the Official Disability Guideline criteria, a two level laminectomy in this case would not be indicated. The claimant's clinical presentation does not support compressive findings at the C3-4 or 4-5 level that would justify the need of an acute surgical process as requested. The lack of clinical correlation between the claimant's current physical findings and imaging reports along with electrodiagnostic studies which were negative at the C3-4 level would not support the procedure in question.