

<b>Case Number:</b>	CM14-0127583		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	10/11/2004
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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. The expert reviewer is Board Certified in Orthopedic Spine Surgeon and is licensed to practice in Texas. 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/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 injured worker is 67-year-old male who reported an injury on 10/11/2004. The mechanism on injury was not specifically stated. The current diagnoses include osteophyte formation at C4-5, status post anterior cervical discectomy on 11/07/2011 with residuals, and status postlumbar fusion with positive improvement. The injured worker was evaluated on 05/22/2014. Previous conservative treatment was not mentioned. Physical examination revealed no apparent motor deficit, pain and numbness in the right C5 dermatome, and 1+ right upper extremity biceps reflex. Treatment recommendations at that time included a C4-5 foraminotomy. It is noted that the injured worker underwent an MRI of the cervical spine on 05/20/2014, which indicated decompression of the central spinal canal at C4-5 without residual or recurrent stenosis or nerve root impingement. There was no Request for Authorization Form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op work up:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

**C4-5 Foraminotomy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation ODG) Neck & Upper Back Chapter, Discectomy-laminectomy-laminoplasty

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent and severe shoulder or arm symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiological evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines state prior to a discectomy/laminectomy/laminoplasty, there must be evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or the presence of a positive Spurlings test. There should also be evidence of a motor deficit or reflex changes, or a positive EMG study. Abnormal imaging studies must indicate positive findings that correlate with nerve root involvement. As per the documentation submitted, there is no mention of a failure to respond to at least 6 to 8 weeks of conservative treatment prior to the request for a surgical procedure. There is also no evidence of radiculopathy upon physical examination. The medical necessity for the requested procedure has not been established. As such, the request is not medically appropriate at this time.

**Cervical collar:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

**Aquatic therapy 3x6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.