

<b>Case Number:</b>	CM14-0142473		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	08/31/1964
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 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 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 patient is a 74 year old male retired firefighter who sustained an industrial injury on 8/31/1964, when a building collapsed on him and he was trapped for 4 hours. He has history of lumbar surgery x 1 and cervical spine surgeries x 2 in 1997 and 1998. Recent treatment includes NSAIDs, meloxicam, course of PT (6/4/14 to 6/24/14), and C3-4 SNRB with 75% relief of symptoms reported. The patient returned for evaluation on 4/22/2014 for complaints of cervical and low back pain. He has ongoing low back pain, and had good relief of cervical symptoms post-surgery but reports recent return of neck pain with no known event. Physical examination documents posterior neck and low back tenderness, bilaterally symmetrical sensation to touch, reflexes, and motor strength of the upper extremities. Cervical spine MRI on 4/22/2014 reveals degenerative changes at all cervical spine levels, intervertebral narrowing and spinal canal narrowing at C2-3, C3-4, C4-5, C5-6, C6-7 and C7-T1, and reversal of the normal C-spine curvature. The patient attended PT from 6/2/2014 to 6/25/2014 for the cervical and lumbar spine, with report of temporary reduction in pain for 1-2 days, before going up. The patient received a right C4 SNRB on 9/23/2014, with initial report of 75% reduction in pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Right C3-4 Laminectomy, Foraminotomy and Discectomy (Priority Care Solutions):**  
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 ODG (Official Disability Guidelines); Indications for Surgery

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

**Decision rationale:** The patient is a 74-year-old male with remote history of prior cervical spine surgery. It is appreciated that MRI reveals degenerative changes with narrowing at all the spinal levels, which is not unexpected given the patient's age and medical history. However, there is no clear indication of an actual recurrent surgical lesion in the cervical spine C3-4 level. The patient has had good response to conservative care. The request for surgery is not supported by the guidelines, the medical necessity and appropriateness of surgical intervention is not established.