MAXIMUS Federal Services

Case Number:	CM14-0144565		
Date Assigned:	09/12/2014	Date of Injury:	01/07/2012
Decision Date:	10/14/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/05/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 47-year-old male with a 1/7/12 date of injury. At the time (6/19/14) of request for authorization for One posterior foraminotomy on the left at C5-C6, and One general orthopedic follow-up, there is documentation of subjective (radiating neck and back pain) and objective (tenderness to palpitations over the cervical spine, decreased sensation of C5-8 dermatomes on left, and hyperreflexia of the upper extremities bilaterally) findings, current diagnoses (degenerative disc disease of the cervical spine, retrolisthesis C4-5 and C5-6, and herniated nucleus pulposus of the cervical spine with canal stenosis C5-6 and C6-7), (MRI of the cervical spine (1/8/14) report revealed mild-to-moderate canal stenosis at C5-6), and treatment to date (acupuncture, chiropractic treatment, physical therapy, and medications). Regarding orthopedic follow-up, there is no documentation that diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise.

IMR ISSUES, DECISIONS AND RATIONALES

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

One posterior foraminotomy on the left at C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and Upper Back, Discectomy/laminectomy/laminoplasty.

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of persistent, severe, and disabling shoulder or arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term; and unresolved radicular symptoms after receiving conservative treatment, as criteria necessary to support the medical necessary of cervical decompression. ODG identifies documentation of failure of at least a 6-8 week trial of conservative care, etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathy (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures, evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level, an abnormal imaging (CT/myelogram and/or MRI) study with positive findings that correlate with nerve root involvement, as criteria necessary to support the medical necessity of cervical decompression. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease of the cervical spine, retrolisthesis C4-5 and C5-6, and herniated nucleus pulposus of the cervical spine with canal stenosis C5-6 and C6-7. In addition, there is documentation of failure of at least a 6-8 week trial of conservative care, evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level, and an abnormal imaging (MRI) study with positive findings that correlate with nerve root involvement, . However, despite nonspecific documentation of subjective findings (radiating neck pain), there is no specific (to a nerve root distribution) documentation of subjective radicular findings that correlate with nerve root involvement. Therefore, based on guidelines and a review of the evidence, the request for One posterior foraminotomy on the left at C5-C6 is not medically necessary.

One general orthopedic follow-up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127; Official Disability Guidelines (ODG) Pain Chapter, Office visits

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical

information available for review, there is documentation of diagnoses of degenerative disc disease of the cervical spine, retrolisthesis C4-5 and C5-6, and herniated nucleus pulposus of the cervical spine with canal stenosis C5-6 and C6-7. However, given no documentation of a rationale identifying the medical necessity of the requested consultation and no documentation of a pending surgery that has been authorized/certified, there is no documentation that diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the request for One general orthopedic follow-up is not medically necessary.