

<b>Case Number:</b>	CM14-0211163		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	08/14/2003
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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 60-year-old male who reported an injury on 08/13/2003. The mechanism of injury was not provided. His diagnoses include cervical herniated nucleus pulposus, left knee degenerative joint disease and lumbar herniated nucleus pulposus. Past treatments were not included in the report. An EMG/NCV noted abnormal findings consistent with bilateral C5, C6, and C7 nerve root impingement. It was also indicated that there was evidence for mild to moderate cubital tunnel syndrome on the right side. On 11/07/2014, it was indicated that the injured worker had pain that extended to his shoulders and scapula down the dorsal surface of his bilateral upper extremities. He reported pain and numbness and bilateral numbness and tingling in all of his fingers bilaterally. He reported weakness in the right hand and had been dropping objects. On physical examination it was noted the injured worker had diminished sensation at the top of the 2nd and 5th fingers bilaterally as well as diminished perception to pin at the lateral aspect of the right forearm, right thenar eminence, and the tips of the 2nd and 5th digits of the right hand. It was also noted that he had a positive Tinel's test to the right wrist and elbow. On 11/17/2014, it was indicated the injured worker had increased neck stiffness, limited range of motion, and decreased activities of daily living. Upon physical examination, it was noted the injured worker had a positive Spurling's test with spasm at the trapezius and rhomboid region as well as tenderness to palpation at the C5-6 levels. Medications were not included in the report. The treatment plan was noted to include consultation with the doctor. A request was received for Laminoplasty C3-C7 without a rationale. The Request for Authorization was not provided.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Laminoplasty C3-C7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Discectomy/laminectomy

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

**Decision rationale:** The request for Laminoplasty C3-C7 is not medically necessary. According to The California MTUS/ACOEM Guidelines, surgery is considered within the first 3 months of the onset of potentially work related acute neck and upper back symptoms. The guidelines state that the indications for surgical consideration is persistent, severe, and disabling shoulder/arm symptoms; activity limitation for more than a month; unresolved radicular symptoms after receiving conservative treatment, and clear clinical, imaging, and electrophysiologic evidence. More specifically, the Official Disability Guidelines indicate no criteria for laminoplasty is evidence of radicular pain and sensory symptoms or presence of a positive Spurling's test; evidence of motor deficit relief exchanges with positive EMG findings; abnormal imaging with positive findings; etiology of pain such as metabolic sources, known structural radiculopathies, and old peripheral sources; and evidence of the failure of 6 to 8 week trial of conservative care. The clinical documentation submitted for review indicated the injured worker had a positive Spurling's test and evidence of a deficit on EMG; however, there was no imaging such as CT myelogram and/or MRI of the cervical spine noting such deficits. Additionally, there is no quantitative objective findings regarding sensory or motor deficits or reflex changes. Moreover, there was no documentation regarding previous conservative care to the cervical spine. Consequently, the request is not supported by the evidence based guidelines. As such, the request for Laminoplasty C3-C7 is not medically necessary.

### **Aspen collar:** 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): 173.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.