

Case Number:	CM14-0214607		
Date Assigned:	01/07/2015	Date of Injury:	04/01/2013
Decision Date:	02/20/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

54. yr. old female claimant sustained a work injury on 4/1/13 involving the low back and shoulder. She was diagnosed with thoracic and lumbar radiculitis, cervicgia and brachial neuritis. He had recieved epidural steroid injections which provided short-term relief. A progress note from a neurosurgeon on 7/22/14 indicated the claimant had failed conservative therapy. No exam findings were documented. The surgeon recommeded a C6-C7 cervical laminoforaminotomy. A progress note on 10/30/14 indicated the claimant had 9/10 back pain. There was restricted range of motion, spinous process tenderness, and spasms in the cevical and lumbar spine. She was treated with Naproxem, Hydrocodone and a request was made for a cervical //lamino-foraminotmy of C6-C7. A progress note on 12/23/14 indicated similar pain levels and exam findings. Another request was made for a cervico-laminotmy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C6-C7 Cervical Lami-Foraminotomy: Upheld

Claims Administrator 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), Discectomy-laminectomy-laminoplasty, Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183.

Decision rationale: According to the guidelines, Surgery is only recommended after the indications are clear and a history and exam as well as imaging are consistent for specific lesion. In this case, the exam was not noted in the surgeons progress note. The requesting physician did not note any abnormal imaging or neurological findings. The request for surgery is not clinically supported and therefore not medically necessary.