

Case Number:	CM15-0122416		
Date Assigned:	07/13/2015	Date of Injury:	07/09/2012
Decision Date:	08/07/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/19/2015

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: Illinois, California, 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:

This injured worker is a 28-year-old female who sustained an industrial injury on 7/9/12. The mechanism of injury was not documented. Conservative treatment included physical therapy, home exercise program, right C5/6 and C6/7 intraarticular joint injections, C2/3 selective nerve root block, medications, and activity modification. The 4/1/15 treating physician report indicated that the injured worker had a C2/3 selective nerve root block on 3/25/15 with total alleviation of pain for about 4 days, followed by a return of symptoms. She was participating in physical therapy. Cervical spine exam documented cervical paravertebral muscle tightness, normal range of motion without pain, and positive cervical compression test. The diagnosis included cervical and right shoulder sprain. The treatment plan recommended authorization of foraminotomy as recommended by another physician. The 4/10/15 pain management report cited significant improvement in neck pain and headaches following the right C2/3 transforaminal epidural steroid injection/selective nerve root block on 3/25/15. Neck pain was near-totally resolved for four days with improved activity tolerance, then pain returned. She did not have any significant long-term effect from the steroid used. Physical exam documented mild to moderate tenderness over the right C4/5, C5/6, and C6/7 facets, positive left Spurling's, mildly decreased sensation over the right C7 dermatome, and normal upper extremity motor function. The diagnosis was neck pain with cervical radiculopathy and multilevel cervical disc disease, most pronounced at C6/7, and possible cervical facet pain. The treatment plan discussed repeat cervical facet injections and radiofrequency ablation, and recommended referral to the spine surgeon to discuss possible right C2/3 foraminotomy. The 5/6/15 treating physician report cited constant moderate

to severe cervical pain radiating down the right upper extremity with headaches. Cervical spine exam documented cervical paravertebral muscle stiffness, tightness and pain, normal range of motion with pain, and no evidence of pain in the upper extremity on range of motion. Cervical compression test was positive. The diagnosis included cervical sprain, right shoulder sprain, depression, and insomnia. The treating physician indicated that an upper extremity EMG/NCV had been performed but the report was pending. The treating physician report stated that he was appealing the denial of cervical foraminotomy as the injured worker had significant findings on physical examination. The treatment plan included topical medications, a TENS unit, and continued home exercise program. She was temporarily totally disabled. Authorization was requested for cervical foraminotomy. The 6/15/15 utilization review non-certified the request for cervical foraminotomy as there was no documentation of significant exam findings to support the medical necessity of this procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Foraminotomy cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Discectomy-laminectomy-laminoplasty.

Decision rationale: The California MTUS guidelines state that referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, with activity limitation for more than one month or with extreme progression of symptoms, and unresolved radicular symptoms after receiving conservative treatment. Guidelines typically require clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term. MTUS guidelines provide a general recommendation for cervical decompression surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provides specific criteria for cervical decompression. Surgical indications include evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or a positive Spurling's test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic. Guideline criteria have not been fully met. This injured worker presents with neck pain radiating down the right upper extremity with headaches. Clinical exam findings documented positive Spurling's with no documentation of motor deficit or reflex changes. There was decreased sensation noted on prior exam over the right C7 dermatome. A C2/3 selective nerve root block was positive. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and

failure has been submitted. However, there are no imaging or electro diagnostic findings documented in the available records to correlate with the selective nerve root block or clinical exam. This request does not specify the level of foraminotomy but records suggest C2/3 which does not clearly correlate with exam findings. Therefore, this request is not medically necessary at this time.