

Case Number:	CM15-0122838		
Date Assigned:	08/03/2015	Date of Injury:	09/05/1991
Decision Date:	09/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/25/2015

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: Minnesota, Florida
 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 67-year-old male with an industrial injury dated 09-05-1991. The injured worker's diagnoses include bilateral carpal tunnel syndrome, status post anterior and posterior cervical spine fusion, lumbar spine degenerative disc-joint disease, and grade one spondylolisthesis at L4-5. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 04-29-2015, the injured worker reported constant bilateral neck pain, constant lower back pain, difficulty falling asleep, dizziness, anxiety, and depression. Objective findings revealed obvious distress secondary to cervical pain, moderate cervical and lumbar paraspinal tenderness, trigger point tenderness in left paraspinal region and left trapezius region, and decrease lumbar and cervical range of motion limited by pain. According to the most recent progress note dated 05-04-2015, the injured worker reported continued pain in low back radiating down to bilateral legs and symptoms of neurogenic claudication. Objective findings revealed decreased in distribution of bilateral L4, L5 and S1. The treating physician prescribed services for one spine decompression surgery and computed tomography scan of cervical spine, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Decompression Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306, 307, 310.

Decision rationale: Per progress notes dated April 29, 2015, the injured worker was complaining of constant pain on both sides of neck, left greater than right, which was rated 10/10. He was also complaining of constant pain in the lower back radiating to his hips which he rated 10/10. He also complained of numbness and tingling going down both legs. On examination, he was 6 foot 1 inch tall and weighed 260 pounds. He was ambulating normally. Examination of the cervical spine revealed well-healed scars of the anterior and posterior fusions. He was tender to palpation in the paraspinal areas bilaterally from C2 down to T1. Flexion was 25 and extension 10. Rotation to the left was 25 and to the right also 25. Lateral flexion was 15 to the left and 15 to the right. Examination of the lumbar spine revealed moderate tenderness bilaterally from L3 down to S1. Lumbar spine flexion was 45 and extension 20. Side bending was 10 to the left and 10 to the right. The provider requested a CT scan of the cervical spine and also requested an orthopedic spinal consultation to address lumbar spine surgery for spondylolisthesis at L4-5. The provider indicates that a prior utilization review noncertified lumbar spine fusion surgery but did certify decompression at L3-L5 levels. He suggested a follow-up appointment with the spine surgeon to discuss the decompression. On 5/4/2015, the injured worker was evaluated at the spine center. The notes indicate that the spine surgery had been denied and was appealed but was denied again. On examination, there was no obvious deformity of the spine. The surgical incisions in the cervical area were completely healed. Motor strength was 5/5 in both upper extremities in all muscle groups. Motor strength was also 5/5 in both lower extremities. Sensation was intact to light touch but was decreased in the distribution of L4, L5 and S1 bilaterally. Upper motor neuron findings were absent. The assessment was low back pain radiating to bilateral legs and grade 1 anterolisthesis, L4 over L5. The provider discussed the surgical options with the patient and suggested a decompression and fusion. The documentation does not mention results of imaging studies demonstrating the need for decompression/fusion and in particular, flexion/extension films are not documented. . California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. In this case, the documentation does not indicate objective evidence of radiculopathy supported by electrophysiologic evidence and imaging evidence. As such, the guideline criteria have not been met. In the absence of objective neurologic deficit and absence of imaging studies documenting the need for decompression, the request as stated is not supported or medically necessary.

Associated Surgical Service: CT Scan of Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177, 178.

Decision rationale: California MTUS guidelines indicate that the criteria for ordering imaging studies pertaining to the cervical spine include emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program and clarification of the anatomy prior to an invasive procedure. The physiologic evidence may be in the form of neurologic findings or electrodiagnostic studies. The documentation provided indicates a history of prior anterior and posterior cervical fusion with continuing neck pain. There is no objective neurologic deficit documented. As such, the guideline requirements have not been met and the request for a CT scan of the cervical spine is not medically necessary.