

<b>Case Number:</b>	CM15-0174111		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	08/28/1998
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: California, Indiana, Oregon  
 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 63 year old male, who sustained an industrial injury on 8-28-98. Medical record indicated the injured worker is undergoing treatment for cervical spondylosis, cervical radiculopathy and chronic neck pain. Treatment to date has included anterior cervical discectomy and fusion, physical therapy, oral medications, 4 left shoulder surgeries and activity modifications. Currently on 8-4-15, the injured worker complains of continued neck pain radiating to his left upper extremity with associated headaches. Physical exam performed on 8-20-15 revealed well-healed scar of left anterior neck, limited range of motion of cervical spine and left anterior shoulder with a well-healed scar and limited range of motion of left shoulder secondary to stiffness. On 8-20-15 a request for authorization was submitted on 8-20-15 outpatient laminotomy and foraminotomy with nerve root decompression at C6-7, pre-op clearance to include CBC and CMP, EKG and 2 post op follow up visits. On 8-26-15, utilization review non-certified outpatient laminotomy and foraminotomy with nerve root decompression at C6-7, pre-op clearance to include CBC and CMP, EKG and 2 post op follow up visits noting there is no documentation of progressive symptoms or positive Spurling's test, no correlating motor weakness and no correlating Electrodiagnostic study to indicate the need for the surgery, as the injured worker is not a surgical candidate, the pre and post op requests are not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 outpatient laminotomy and foraminotomy with nerve root decompression at C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper back (Acute and Chronic) Laminotomy-Disectomy-Laminectomy-Laminoplasty, Decompression.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** Per the CA MTUS/ACOEM guidelines, Neck and upper back complaints, pages 181-183 surgery is not recommended for non-radiating pain or in absence of evidence of nerve root compromise. In this case, there are radiating symptoms and decreased reflexes, but there is no normative side comparison reflex scores given. There is no weakness or numbness in a dermatomal pattern documented. Therefore, the patient does not meet accepted guidelines for the procedure and the request is not medically necessary.

### **1 Pre-op clearance to include CBC and CMP: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic) Preoperative lab testing.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

### **Associated surgical service: 1 EKG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preoperative electrocardiogram (ECG).

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

### **2 post-operative follow up visits: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute and Chronic) Office Visits.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.