

Case Number:	CM15-0179083		
Date Assigned:	09/21/2015	Date of Injury:	09/21/2014
Decision Date:	10/23/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/11/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old male, who sustained an industrial injury on 09-21-2014. The injured worker was diagnosed as having cervical radiculopathy. On medical records dated 07-21-2015 and 06-09-2015, subjective complaints were noted as having right arm pain. This pain was noted to appear to be associated with compression of his right C6 nerve root. Physical exam was noted as pain, positive Spurling's test which was noted to be consistent with right C6 radicular pattern. MRI of cervical spine on 10-23-2014 revealed broad based right posterolateral disc protrusion at C5-C6 likely impinging the exiting right C6 nerve. The injured worker was noted to be no working, but was able to return to work. No current medication was listed on medical record 07-21-2015 and 06-09-2015. The Utilization Review (UR) was dated 08-11-2015. A Request for Authorization was dated 08-04-2015. The UR submitted for this medical review indicated that the request for outpatient right C5-6 foraminectomy right C6 radiculopathy was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient right C5-6 foraminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Discectomy laminectomy laminoplasty.

Decision rationale: The claimant sustained a work injury in September 2014 and is being treated for radiating neck pain into the right upper extremity. Treatments have included medications, physical therapy, and a epidural steroid injection without improvement. An MRI of the cervical spine in October 2014 showed a right lateralized C5/6 disc herniation extending into the foramen with moderate to severe foraminal narrowing and probable right C6 nerve impingement. When seen, he was having right neck and arm pain. He was not taking any pain medication and had returned to full duty. There was positive Spurling's testing without neurological deficit. A C5/6 foraminectomy is being requested. In this case, there is no evidence of ongoing motor deficit or reflex changes or positive EMG findings that correlate with the cervical level being requested. The claimant has returned to unrestricted work and is not taking any medications. Criteria include the presence of intractable radicular pain which is not present. The request is not considered medically necessary.