

<b>Case Number:</b>	CM15-0078313		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	08/27/2013
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: New York  
 Certification(s)/Specialty: Neurological 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 47-year-old male, who sustained an industrial injury on 8/27/2013. Diagnoses have included cervical spondylosis with myelopathy and cervicgia. Treatment to date has included cervical surgery, cervical magnetic resonance imaging (MRI) and medication. According to the progress report dated 4/7/2015, the injured worker complained of dull, aching pain in his neck with occasional, shooting electric-like sensations down his legs arms. He noted increasing fasciculation in his arms and legs. Physical exam revealed slight wasting of the left triceps. Authorization was requested for C3-4 laminectomies and decompressions, disc arthroplasty, pre-operative appointment with CBC and BMP labs and post-operative appointments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-Operative Appointment with CBC & BMP labs per anesthesia:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**C3-C4 Laminectomies and Decompressions (outpatient surgery): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for surgery.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

**Decision rationale:** The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating, upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation shows the MRI scan of 3/18/15 does not show major pathological changes from the scan of 10/22/2013. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. Therefore, the request is not medically necessary and appropriate.

**Post-Operative Appointments: six week and twelve week: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Disc Arthroplasty: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-Disc prosthesis.

**Decision rationale:** The ODG guidelines note that the disc prosthesis received FDA approval for treatment of a single level radiculopathy. This patient has already had two level cervical surgery and a further laminectomy and decompression was recommended without clinical corroboration. Documentation does not provide evidence of a single level radiculopathy. Therefore, the request is not medically necessary and appropriate.

