

Case Number:	CM15-0099249		
Date Assigned:	06/15/2015	Date of Injury:	10/08/1999
Decision Date:	07/14/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/22/2015

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 65 year old male, who sustained an industrial injury on 10/08/1999. He was hit on the front and sides of the head and temple by a backhoe. He was thrown onto his right side, injuring his head, right knee, right shoulder, right elbow, and upper, mid and lower back with a traumatic brain jury. Treatment to date has included knee surgery, shoulder surgery, cervical spine surgery, psychological counseling, electrodiagnostic testing, Botox injections every three months for 5 years, medications and physical therapy. According to a Neurosurgical Cervical Spine Follow-up Visit dated 04/17/2015, the injured worker had recently had 4 out of 8 authorized physical therapy visits. He was unable to complete the rest of the authorized visits secondary to the intensity of his pain and symptoms. He continued to have constant daily severe neck pain unrelieved wit rest, Hydrocodone 4 tablets a day, Valium 2 tablets a day and Lidoderm patches. Pain radiated into both shoulders through the bicep regions, into the forearms through the wrist into the entire hand and all the fingers with corresponding numbness/tingling, burning and weakness. His arms felt heavy and tired and his hands felt fat. Pain was associated with his adjacent segment syndrome with dorsal stenosis at C2-C3 and C6-C7 adjacent segments above and below the fused C3-C6 segment. Current neck pain was rated 7 on a scale of 1-10. Arm pain was rated 7. In the arms, there was numbness, tingling and pain with grip strength loss dropping items, tools, shooting pain in the ulnar and shoulder region. MRI of the cervical spine dated 10/18/2013 confirmed solid fusion C3-C6. There was a bulge at C6-C7 but severe dorsal ligamentous hypertrophy at C6-C7 with cord compression and canal 8 millimeters. Similarly at C2-C3 there was a broad based central protrusion but hypertrophy in the dorsal ligaments and a 9

millimeter stenosis. Assessment included adjacent motion segment syndrome C2-C3 stenosis dorsal greater than ventral secondary to industrial injury, C6-C7 adjacent motion segment syndrome stenosis dorsal greater than ventral secondary to industrial injury, status post C3-C4-C5-C6 anterior fusion secondary to industrial injury 2004-2005, industrial thoracic disc herniation workup pending, industrial carpal tunnel syndrome EMG (electromyography) report pending, hypertension, migraines, arthritis and history of smoking until 1991. Recommendations included C3-C7 laminoplasty. Currently under review is the request for Laminoplasty at C3-7, assistant surgeon, intraoperative neuromonitoring and inpatient stay for 2 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminoplasty at C3-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Treatment Index, 13th Edition (web), 2015, Neck- Discectomy-laminoplasty.

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 does not provide such evidence. 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. The requested treatment: Laminoplasty at C3-7 is not medically necessary and appropriate.

Associated surgical services: Assistant surgeon: 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.

Associated surgical services: Intraoperative neuromonitoring: 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.

Associated surgical services: Inpatient stay for 2 days: 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.