

<b>Case Number:</b>	CM14-0154425		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	06/20/2003
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There is a note from 01/13/14 indicating ongoing pain in the right shoulder and receiving pain management. Physical exam indicated no tenderness over the interscapular space but no tenderness over the anterior cervical muscles. Strength was rated at 5/5 except for the shoulder abduction which was 4/5 right and left. Plan of care was to do a selective nerve root block at C5-C6 level. There was reported decreased sensation over the C5 dermatome. 02/17/14 indicated ongoing pain in the neck. The insured was reported to be awaiting C5-C6 selective nerve root block. Note 03/05/14 indicated pain in the neck. There were reportedly two neck surgeries with the most recent one in 2009 and the insured underwent shoulder surgery on July 10, 2013. Physical examination indicated normal hand strength, normal reflexes. There was decreased range of motion of the cervical spine with the right greater than left positive straight leg raise. The insured was reported to be status post two ACDFs (Anterior Cervical Discectomy and Fusion). Note from April 1, 2014, indicated ongoing history of pain. The insured had had two surgeries on the neck without significant long lasting relief. 07/10/13 note indicated right C5 radiculopathy confirmed by EMG and exam. MRI of cervical spine 08/08/11 showed anterior fixation of C5-C6 with small posterior disc bulge at C3-C4, C4-C5. 09/26/14 indicated ongoing persistent pain. The insured is reported to have been denied requested right-sided C4-C5 foraminotomy and continues to have extra bit of care. Physical exam shows reflexes are 2+ bilaterally. Strength is 5/5 except for the right shoulder abduction which is rated 4/5 and there was decreased sensation in the right C5, C6, C7, C8 dermatomes. Treating physician indicated that the insured had ongoing daily and constant severe right-sided neck pain with right upper extremity radicular symptoms and although there were no signs of severe stenosis on MRI or CT scan, she has undergone a diagnostic selective nerve root block which significantly improved her right upper extremity pain and has failed to improve with conservative care.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op Medical Clearance:** 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.

**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.

**1 day Inpatient stay:** 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.

**Pre-op Chest X-ray:** 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.

**Right C4/5 Foraminotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Neck & Upper Back; Discectomy-laminectomy-laminoplasty

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, laminectomy

**Decision rationale:** The medical records provided for review report symptoms of pain and weakness in radicular distribution following two previous surgeries. The medical records do not indicate corroboration by imaging of any compression on the nerve root. ODG supports Laminectomy/foraminotomy may be used for spinal stenosis secondary to degenerative processes exhibiting ligament hypertrophy, facet hypertrophy, and disc protrusion, in addition to anatomical derangements of the spinal column such as tumor, trauma, etc. (Weinstein, 2008) (Katz, 2008) In the absence of demonstrated lesion amenable to surgery by imaging, ODG guidelines do not support foraminotomy surgery.