

Case Number:	CM13-0026579		
Date Assigned:	11/22/2013	Date of Injury:	09/28/2009
Decision Date:	02/06/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in New York. 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 physician 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:

The patient is a 47 year old female with chronic neck pain and MRI evidence of C5-6 degenerative disc disease with foraminal stenosis. She has had symptoms for 4 years. The patient's neck pain radiates to the hands and there is numbness. The symptoms are in 3-5 fingers of both hands. Physical exam documents vary in the records with some documenting weakness in biceps, triceps and intrinsics and others documenting normal motor and sensory function. One EMG study was normal in the bilateral upper extremities. Although, another EMG from June 2013 reveals chronic C6, C7 and C8 radiculopathy. The patient has C5-6 degenerative disc disease with foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-7 Cervical Arthroplasty and C5-6 Anterior Cervical Discectomy Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Neck and Upper Back chapter ODG Indications for Surgery - Discectomy/laminectomy (excluding fracture).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: This patient does not meet established criteria for cervical spine surgery. The patient has conflicting evidence of neurologic finding in the records. One EMG study documents a normal study in the bilateral upper extremities. A recent EMG study documents polyradicular findings at C6, C7 and C8. The patient's physical exam does not specify an exact C6 radiculopathy. There is documentation of normal motor and sensory bilateral upper extremity function on examination. There is no instability, fracture, or tumor. Artificial disc surgery remains experimental as the long term results and complications are not defined. Additionally, the medical records do not contain a recently documented trial and failure of conservative measures to include physical therapy for the treatment of cervical degenerative disc disease. The patient is not myelopathic and does not have evidence of a clear C6 radiculopathy, as needed for C5-6 surgery. Also, there is no severe neurologic deficit. There is no medical necessity for cervical spine artificial disc replacement surgery at this time. MTUS spinal surgery guidelines are not met.

Medical Clearance from a Hematologist: 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.