

Case Number:	CM13-0026837		
Date Assigned:	09/08/2014	Date of Injury:	08/20/2008
Decision Date:	10/14/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/19/2013

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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:

The injured worker is a 34-year-old female who reported an injury on 08/20/2008. The mechanism of injury was cumulative trauma. Prior therapies included acupuncture, physical therapy, injections and chiropractic care. The injured worker's medications included Motrin, Relafen, Skelaxin, Flector, and Voltaren 1% gel and Vicodin. The surgeries included noncontributory. The injured worker underwent an x-ray of the cervical spine on 03/11/2013 which revealed a moderate degree of disc space narrowing, and endplate osteophytosis at the low level C5-6 with mild reversal of cervical lordosis and at C6 the vertebrae demonstrated a mild loss of height. The documentation indicated the injured worker underwent an Electromyography/Nerve Conduction Velocity (EMG/NCV) in 07/2012 which was noted to be unremarkable for the bilateral upper extremities. The injured worker was noted to be receiving realistic relief from epidural steroid injections. The documentation of 08/08/2013 revealed a psychological evaluation which revealed the injured worker was reporting slightly lower depression and a higher somatic concern than in 01/2013. The injured worker was not currently reporting any unusual depression or anxiety, but was reporting a potentially concerning level of somatic focus. The physician opined the injured workers ability to cope adaptively with pain appeared to be at least adequate. If the reports of severe peak pain and moderate disability were supported by objective medical evidence, her adjustment to the condition appeared to be adequate. On 07/30/2013 the injured worker underwent neurophysiologic testing which revealed normal testing of the bilateral upper extremities. Documentation of 04/16/2013 revealed the injured worker had complaints of cervical spinal pain rated a 3/10 to 4/10. Physical examination revealed decreased range of motion in right lateral and left lateral flexion as well as bilateral rotation. The cervical compression maximum foraminal encroachment bilaterally elicited localized cervical spine pain. Cervical distraction relieved the injured workers symptoms. The

nerve tensions tests were negative on the visit. The deep tendon reflexes were +2/4 and symmetric for upper extremities. The documentation indicated the injured worker underwent a cervical spine magnetic resonance imaging (MRI) on 09/10/2012 which revealed degenerative disc disease with reversal of the normal cervical lordosis and retrolisthesis of C5-6. There was central canal stenosis including a C4-5 moderate and C5-6 mild to moderate canal stenosis with contacting disc rupture of the cervical cord, most pronounced at C4-5 eccentric to the left. The diagnoses included cervical spondylosis, cervical strain, canal stenosis and degenerative disc disease. The treatment plan included an extensive cervical operation procedure with an orthopedist. The documentation of 03/20/2013 revealed the injured worker underwent cervical spine x-rays with flexion and extension lateral views. On physical examination the documentation indicated the physical examination was unchanged. The treatment plan included surgical intervention with C4-6 artificial disc replacement/total disc arthroplasty. There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5 and C5-C6 Artificial Disc Replacement and Total Disc Arthroplasty: 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) Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Disc Prosthesis

Decision rationale: The American College of Occupational and Environmental Medicine indicate that a referral for surgical consultation may be appropriate for injured workers who have persistent severity and disabling shoulder arm symptoms with documentation of activity limitation for more than 1 month and when there is clear clinical imaging and electrophysiologic evidence consistently indicating this same lesion that has been shown to benefit from surgical repair in both a short and long term as well as unresolved radicular symptoms after receiving conservative treatment. Additionally, the efficacy of cervical fusion for injured workers with chronic cervical pain without instability has not been demonstrated. The clinical documentation submitted for review indicated the injured worker had objective findings upon MRI and had objective findings upon physical examination. However, there was a lack of documentation indicating the results of the flexion and extension studies that were ordered. Additionally there was a lack of documentation of electrophysiological evidence. The guidelines however, do not specifically address total disc arthroplasty or artificial disc replacement. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that disc prosthesis is under study. It is not noted to be a recommended treatment and as such is not supported. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for C4-C5 and C5-C6 Artificial Disc Replacement and Total Disc Arthroplasty is not medically necessary.

3-4 Days Hospitalization: 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.