

Case Number:	CM13-0032985		
Date Assigned:	12/06/2013	Date of Injury:	06/18/2003
Decision Date:	03/18/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/08/2013

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 Texas, New Mexico and New Hampshire. 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 51-year old male who sustained an injury on 06/18/03. The patient has history of axial neck pain with radiation of symptoms into the upper shoulders and arms. Treatment history includes translaminar injection at T1-2 with catheter to C5 as well as epidural injection in 2012. Diagnostic studies performed include an MRI of the cervical spine w/o contrast on 04/05/2013 with an impression of multilevel degenerative disc disease and moderate to severe left C6-7 foraminal stenosis. A clinic note dated 06/18/2013 from [REDACTED] showed chief complaint of neck pain and left upper extremity numbness into the hand. Objective findings indicated there was numbness and tingling in the left long finger and mild weakness with pinch, muscle spasm in the left trapezius and moderate positive Spurling maneuver on the left with decreased light touch sensation in the long finger on the left. The request is for total disc arthroplasty at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

total disc arthroplasty C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

Decision rationale: The Physician Reviewer's decision rationale: This patient has chronic neck pain radiating to left upper extremity with MRI evidence of multilevel degenerative disc disease and moderate to severe left C6-7 foraminal stenosis and chronic neck pain. The provider indicated that the disc arthroplasty at C6-7 will decrease the early deterioration compared to a fusion at C6-7. However, the above referenced guidelines indicate that comparative studies with anterior cervical fusion yield similar results; the expectation of a decrease in adjacent segment disease development in long-term studies remains in question. Further guidelines indicate that adjacent segment disease seems to be a natural aging process, and ADR has not proven any benefit in altering that progression. The risks of heterotopic calcification associated with ADR may make it a sure way to end up with a solid fusion, and major risks also include potential revisions and technical learning curve issues with widespread use. Thus, the request for total disc arthroplasty at C6-7 is non-certified.