

Case Number:	CM13-0033482		
Date Assigned:	12/11/2013	Date of Injury:	04/02/1998
Decision Date:	03/24/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/10/2013

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, has a subspecialty in Spine Surgery, and is licensed to practice in California. 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 54-year-old female who reported an injury on 04/02/1998, secondary to a motor vehicle accident. The latest Physician's Progress Report was submitted by [REDACTED] on 08/19/2013. The patient was diagnosed with cervical discopathy and spondylosis, lumbar stenosis and scoliosis, history of chronic pain and sleep disturbance, and psychological complaints. The patient reported ongoing pain with radiation to bilateral upper and lower extremities. Physical examination revealed tenderness to palpation, diminished cervical range of motion, decreased strength on the left, intact sensation, 2+ deep tendon reflexes and decreased strength on the right. Treatment recommendations included evaluation by [REDACTED], a neurosurgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior arthroplasty: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Disc Prosthesis.

Decision rationale: The MTUS/ACOEM Practice Guidelines indicate that referral for surgical consultation is indicated for patients who have persistent, severe and disabling shoulder or arm symptoms; activity limitations for more than 1 month; clear clinical, imaging and electrophysiological evidence of a lesion; and unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines indicate that disc prostheses are currently under study, with recent promising results in the cervical spine, but not recommended in the lumbar spine. According to the documentation submitted, there was no evidence of a physical examination on the requesting date by the requesting provider. There is no documentation of an exhaustion of conservative treatment prior to the request for a surgical intervention. The medical necessity for the requested surgical procedure has not been established. Additionally, the current procedure is under study, as indicated by the Official Disability Guidelines. Based on the clinical information received, the request is non-certified.

Pre-operative blood test, chest X-ray, Electrocardiogram (EKG) and H & P: 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.

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.