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| Case Number: | CM13-0036996 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 08/21/2012 |
| Decision Date: | 02/04/2014 | UR Denial Date: | 10/08/2013 |
| Priority: | Standard | Application Received: | 10/22/2013 |

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 52-year-old male who injured his back on August 21, 2004 when he fell down a flight of stairs were working as a police officer. The patient has chronic neck pain. He has been treated with physical therapy without relief. On physical examination the patient was noted to have absent triceps reflexes bilaterally. Weakness of the right triceps thumb extensor and intrinsic muscles were noted. Cervical motion was limited secondary to pain. The Spurling test is positive on the right. The EMG testing in February 2012 suggested bilateral C7 and L5 radiculopathy. The cervical MRI October 2012 showed disc degeneration from C2-C5 but no stenosis. There is disc degeneration present from C2-C5. This constitutes multiple levels of disc degeneration. At C5 disc the disc protrusion and severe stenosis with deformation of the cord was noted. At C6-7 a disc protrusion with severe canal narrowing was noted. The cord was also flattened at this level. The FDA has not approved cervical artificial disc replacement surgery from the other one level. The FDA indications include no arthritis at all the levels of the cervical spine. At issue is whether two-level cervical disc arthroplasty is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 & C6-7 artificial disc replacement/total disc arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Artificial Cervical Disc Arthroplasty: A Systematic Review and the Analysis of the three United States Food and Drug Administration Investigational Device Exemption Cervical Arthroplasty Trials

Decision rationale: Two-level cervical disc arthroplasty remains experimental at this time. In addition, FDA recommendations do not recommend the performance of more than one level of cervical disc arthroplasty. In addition, multiple levels of disc degeneration or present in this patient's spine. This is a contraindication to artificial disc surgery has multiple levels of degeneration are present in the neck based on the imaging study. Therefore, the request for two-level cervical disc arthroplasty is not consistent with FDA recommendations for the use of artificial disc replacement surgery. The surgery is experimental and not medically necessary at this time. Complications and long-term outcomes of multilevel artificial disc surgery remain unknown.

2-3 days in inpatient length of 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.

orthopedic assistant surgery: 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.

one autologous blood: 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 clearance to include history and physical: 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 lab work: 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.