

Case Number:	CM13-0041084		
Date Assigned:	12/20/2013	Date of Injury:	05/01/2013
Decision Date:	02/13/2014	UR Denial Date:	10/08/2013
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 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 claimant is a 51-year-old gentleman injured on 05/01/13. A progress report on 09/30/13 by [REDACTED] documented subjective complaints of neck pain, bilateral upper extremity pain as well as low back and left calf pain. Specific to the claimant's cervical complaints, he is documented to be status post recent C5-6 facet injections with some pain improvement, but residual complaints. Objectively, there was 4+/5 muscle strength in the bilateral brachioradialis with some diminished at left C6 dermatomal distribution sensation. An MRI scan dated 06/25/13 showed disc bulging at multiple levels including a disc protrusion at C5-6 with facet arthrosis. The claimant was documented to continue to have pain despite conservative measures and a surgical disc replacement procedure was recommended at the C5-6 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Disc Replacement with neuromonitoring C5-6: 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 18th Edition, 2013 Updates: neck procedure Disc prosthesis.

Decision rationale: The Physician Reviewer's decision rationale: Based on Official Disability Guidelines criteria, as the California MTUS Guidelines are silent, the proposed disc replacement procedure at the C5-6 level with neuro monitoring would not be indicated. At present, the ODG guideline criteria does not recommend the role of disc prosthetic procedures. While recent studies are promising, formal recommendations regarding the procedure are still "under study." There is no documentation in the records provided to support why this claimant would be an exception to the above role. The specific request would not be indicated.

Pre op Medical clearance: 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)-- CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The Physician Reviewer's decision rationale: Based on California ACOEM Guidelines, preoperative medical clearance would not be supported. The need of operative intervention in this case has not been established; thus negating the need for preoperative medical assessment.

Assistant Surgeon: 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 Milliman Care Guidelines 17th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 0051T to 10040) CPT® Y/N Description 0092T Y Total disc arthroplasty.

Decision rationale: The Physician Reviewer's decision rationale: MTUS Guidelines are silent. When looking at Milliman Care Guidelines, an assistant surgeon would not be indicated as the need of operative intervention in this case has not been established.

Cervical Collar: 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 Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: neck procedure

Decision rationale: The Physician Reviewer's decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, a cervical collar would not be indicated as the need of operative intervention has not been established.

Hospital Stay x4 days: 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 Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: neck procedure Artificial Disc (84.62 -- Insertion of total spinal disc prosthesis, cervical).

Decision rationale: The Physician Reviewer's decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, an inpatient stay would not be indicated as the need for operative intervention has not been established.

Post op PT x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: Based on California MTUS Postsurgical Rehabilitative Guidelines, postoperative physical therapy would not be indicated as the need for operative intervention in this case has not yet been established.