

Case Number:	CM13-0042293		
Date Assigned:	12/27/2013	Date of Injury:	04/03/2008
Decision Date:	07/29/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/30/2013

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 Neurological 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 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 47-year-old female injured on April 3, 2008. The mechanism of injury was noted as lifting a bread board causing neck and upper extremity symptoms. The most recent progress note, dated February 27, 2014, indicated that there were ongoing complaints of neck pain with radiation into both upper extremities with numbness. The physical examination demonstrated paravertebral muscle tenderness. Diagnostic imaging studies from May 29, 2013 indicated a disc bulge/ herniation, causing mild cord effacement or flattening. Also mild uncovertebral degenerative changes were reported. There was a right C6-C7 disc herniation causing mild cord flattening. Previous treatment included physical therapy, chiropractor treatments, trigger point injections, topical analgesics, psychotherapy and functional restorative program. A request had been made for cervical disc replacement C5-C6, anterior cervical discectomy with fusion C6-C7 with neuro monitoring and was not certified in the pre-authorization process on October 2, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL DISC REPLACEMENT C5-6: 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 Chapter, Cervical Disc Replacement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Neck chapter updated May 2014.

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) does not address artificial disc replacement. Official Disability Guidelines states disc replacements are still under study (with promising outlook) and there is no clear indication they are significantly better than an anterior fusion. Therefore, when noting that this is still experimental treatment and there is no clear citation of the efficacy or utility of artificial disc replacement therapy, there is insufficient clinical information presented to support this request. The request is not medically necessary.

ANTERIOR CERVICAL DISCECTOMY FUSION C6-7 WITH NEUROMONITORING:
Upheld

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

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

Decision rationale: Based on the mechanism of injury, date of injury, and reported MRI findings there was lack of evidence to correlate nerve root compression or instability. There was no objectification of a radiculopathy. As outlined in the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, a fusion is recommended with nerve root compression and significant functional limitation and evidence of radiculopathy. The medical records do not establish nerve root compression and significant functional limitation and evidence of radiculopathy. Therefore, based on the medical records provided and a review of the guidelines, the procedure is not medically necessary.