MAXIMUS Federal Services

Case Number:	CM13-0056956		
Date Assigned:	12/30/2013	Date of Injury:	07/03/2013
Decision Date:	04/15/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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:

This is a 57-year-old gentleman who suffered a vocationally-related injury to his cervical spine on 7/3/13. The records for review documented that the claimant has continued to have a combination of neck and upper extremity pain complaints that have reportedly been related to cervical disc pathology. It has been recommended that he consider a two-level anterior cervical disc replacement at C5-6 and C6-7. The documentation indicated that the claimant has varying degrees of numbness and weakness in both the right and left upper extremity. Reports of MRI scans revealed significant neural foraminal stenosis at C5-6 and to the right at C6-7. According to the records, conservative treatment has included physical therapy and medical management. The records suggested that the claimant was recommended to consider an epidural steroid injection but he did not appear to proceed with that recommendation. There is no documentation of electrodiagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR DISCECTOMY AND DISC REPLACEMENT ARTHROPLASTY AT C5-6 AND C6-7: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG): Treatment in Worker's Comp: 18th Edition: 2-13 Updates: Chapter Neck and Upper Back: Disc Prosthesis

Decision rationale: replacement but state that there are no long term studies comparing the efficacy for disc replacement to the traditional non-operative treatment. The evidence-based Official Disability Guidelines, also address this particular study. In their discussion, they also point out the fact that this procedure is still considered to be investigational in spite of the fact that the early and intermediate follow ups appear to show promising results. The studies appear to have been done at one level, which was the initial indication for the procedure. In spite of the fact that the evidence-based literature appears to show promising early results for artificial disc replacement, the literature has most conclusively focused on single-level disease. The literature still lacks a well-controlled long term follow up studies that have clearly documented its efficacy. As such, based on the evidence-based literature, it would appear that this procedure remains investigational. This does not deny the fact that there have been promising results and that over time this procedure may, in fact, become widely accepted. With that said, the application of this in two-level disease in this particular setting would not appear to meet reasonable evidence-based literature as the procedure remains investigational. As such, the original reviewer's comments that this procedure would not be considered reasonable or medically necessary would appear to be well-supported within the evidence-based literature.