

Case Number:	CM13-0057563		
Date Assigned:	12/30/2013	Date of Injury:	05/08/2012
Decision Date:	06/03/2014	UR Denial Date:	11/04/2013
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 Texas. 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 patient is a 49 year old male who sustained an injury on 05/08/12. The patient was followed for complaints of neck pain radiating to the left upper extremity with associated numbness and tingling. Conservative treatment did include the use of pain medications and physical therapy. The patient was reported to have worsening neck pain radiating to the left upper extremity in March of 2013 and was recommended for updated MRI studies. MRI studies of the cervical spine from 04/10/13 noted a disc protrusion at C3-4 measuring 2mm resulting in mild central canal stenosis as well as partial effacement of the right lateral recess as well as mild narrowing of the right neuroforamina. There was disc bulging at C4-5 with mild central canal stenosis present. At C5-6, there was a disc osteophyte complex noted measuring 2mm resulting in mild central canal stenosis and impression of the anterior aspect of the spinal cord with slight flattening. There was foraminal stenosis noted mild to moderate bilaterally. At C6-7, there was a 2mm disc osteophyte complex with unciniate process hypertrophy resulting in severe bilateral foraminal stenosis. Radiographs of the cervical spine from 04/10/13 noted multi-level moderate cervical spondylosis and foraminal stenosis at C6-7. As of April of 2013, the patient was noted to be taking extensive amounts of Norco, up to 8 per day for pain. There were considerations for a functional restoration program due to chronic neck and upper extremity symptoms. The patient was placed on Suboxone on 04/24/13. Electrodiagnostic studies from 04/24/13 did note evidence of a chronic left C6 and C7 cervical radiculopathy. [REDACTED] did recommend surgical procedures to include C5-6 and C6-7 anterior cervical discectomy and fusion versus cervical fusion at C6-7 and disc arthroplasty at C5-6. The patient was noted to be a smoker as of March of 2013 and was recommended for smoking cessation. The patient's physical examination on 03/15/13 noted mild weakness in the left upper extremity at the brachial radialis and triceps. Reflexes were absent to the left at the triceps and biceps as compared to the right side. The

patient did receive an epidural steroid injection on 05/28/13 at T2-3 with reported good benefit. The patient continued to utilize Buprenorphine through June of 2013. The patient was seen by [REDACTED] on 10/18/13 with continuing complaints of neck pain radiating into the upper extremities, left side worse than right. The patient reported temporary relief with epidural steroid injections only. The patient indicated that he was able to successfully quit smoking; however, he did restart the habit. On physical examination, there was atrophy of the musculature in the left shoulder involving the biceps, brachial radialis, and triceps. Moderate weakness was present in the left brachial radialis and left triceps. Sensory deficits were noted in a left C6 and C7 distribution. Given the failure of conservative treatment, the patient was recommended for an artificial disc replacement at C5-6 and at C6-7. The requested C5-6 and C6-7 artificial disc replacement with a 4-5 day inpatient stay, postoperative cervical brace, and postoperative physical therapy for 12 sessions was non-certified by utilization review as there was a discrepancy in the interpretation of the cervical MRI between the requesting surgeon and the interpreting radiologist. The postoperative requests were non-certified as the primary surgical request was not felt to be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPINE SX: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Disc Prosthesis.

Decision rationale: Based on review of the clinical documentation submitted for review, the proposed 2 level C5-6 and C6-7 artificial disc replacement with decompression would not be recommended as medically necessary. From the clinical documentation submitted, [REDACTED] recommended a 2 level artificial disc replacement at C5-6 and at C6-7 to avoid adjacent level segment disc disease at C4-5. Per the clinical literature, 2 level artificial disc replacement procedures are considered still experimental and investigational as there are no long term randomized controlled trials demonstrating that a 2 level artificial disc replacement is as beneficial or has similar outcomes to standard 2 level cervical fusion. The clinical documentation submitted for review also does not identify any indications that would support a 2 level artificial disc replacement over a 2 level cervical fusion which would be considered standard of care in this case. Therefore, based on guidelines and a review of the documentations, the request for Spine SX is not medically necessary.

POST OP BRACE: 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.

POST OP PT: 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.