

Case Number:	CM14-0103980		
Date Assigned:	07/30/2014	Date of Injury:	07/08/2013
Decision Date:	10/22/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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 Spine 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 injured worker is a 49-year-old female who reported an injury on 07/08/2013 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to her right shoulder and cervical spine. The injured worker's treatment history included right shoulder surgery, chiropractic care, acupuncture, cervical epidural steroid injections, and multiple medications. The injured worker was evaluated on 06/30/2014. It was documented that the injured worker had persistent cervical spine pain complaints recalcitrant to conservative measures. Physical findings included restricted range of motion with decreased sensation in the right upper extremity. The injured worker's diagnoses included disc protrusion at the C5-6 and C6-7, cervical spinal canal stenosis at the C5-6 and C6-7, and disc bulging at the L4-5 and L5-S1. A request was made for disc arthroplasty at the C5-6 and anterior cervical discectomy and fusion at the C6-7. No Request for Authorization Form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total disc arthroplasty C5-C6 and C6-C7: 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 Page(s): 178-179.

Decision rationale: The requested total disc arthroplasty at the C5-6 and C6-7 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for injuries of the cervical spine be supported by clear physical examination findings of radiculopathy consistent with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation does indicate that the injured worker has had multiple conservative treatments that have failed to control the patient's pain. However, the clinical documentation does not provide specific clinical examination findings of radiculopathy in the C5-6 and C6-7 dermatomal distributions. Furthermore, although it is noted that the injured worker has undergone a cervical MRI, an independent evaluation of that MRI was not provided. Therefore, the appropriateness of the request itself cannot be determined. Additionally, the American College of Occupational and Environmental Medicine recommends that injured workers undergo a psychological evaluation prior to spine surgery. There was no documentation submitted to indicate that the injured worker had been psychologically assessed for the appropriateness of surgery. As such, the requested total knee arthroplasty C5-6 and C6-7 is not medically necessary or appropriate.