

Case Number:	CM14-0011979		
Date Assigned:	02/21/2014	Date of Injury:	09/30/1998
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/29/2014

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 Surgery, has a subspecialty in Spine Surgery and is licensed to practice in New York. 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 patient is a male that sustained an injury on September 13, 1998. He has an injury to his neck and his low back. He has chronic neck pain. He had epidural steroid injection did not get any relief. The medical records indicate the patient has two-level degenerative disc condition C5-C7 without radiculopathy. Electrophysiologic testing showed a left-sided C6-7 pathology. An MRI was done in January 2013. C6-7 C5-6 degenerative disc condition. Physical examination does not show focal neurologic deficit. At issue is whether patient is a candidate for cervical disc prosthesis surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-C7 ARTIFICIAL DISC, OUTPATIENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition (web) 2011

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Pain Chapter.

Decision rationale: This patient does not meet establish criteria for cervical surgery. Specifically there is no correlation to physical exam findings specific radiculopathy and MRI findings showing specific compression of the root it relates to physical exam findings. In addition the patient does not have any evidence of cervical myelopathy cord compression or progressive neurologic deficit. There is also no evidence of fracture tumor or instability requiring cervical surgery. With respect to cervical disc prosthesis surgery, the patient does not cervical radiculopathy and the procedure is still experimental phases as lower quadrant outcomes dated needs to be shown to establish the cecum efficacy of cervical disc replacement. More importantly, cervical surgery is not necessary, as there is no documented specific radiculopathy warranting cervical surgery.

PRE-OPERATIVE LABS, CHEST X-RAY, AND EKG:

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.