

Case Number:	CM14-0012640		
Date Assigned:	02/21/2014	Date of Injury:	11/27/2007
Decision Date:	06/12/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/30/2014

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 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 claimant is a 61-year-old female who was injured on November 27, 2007. The claimant is documented as having a medical history of asthma. The claimant is documented as having multiple degenerative changes of the cervical spine with disc protrusion at C3-4, C4-5, C5-6, and C6-7. At C6-7, disc protrusion above and in accordance with moderate central canal stenosis is noted. The December 4, 2013 document indicates the claimant has had complaints of neck pain and radiation to the right upper extremity following continuous trauma over a 12 year timeframe. The physical examination on this visit documents positive Spurling's maneuver to the right, normal reflexes in the upper extremities, and no weakness or atrophy in the upper extremities. The right upper extremity has diminished sensation in the C4, C5, C6, and C7 dermatomes. There is diminished range of motion in the cervical spine. The claimant is documented as having undergone conservative measures with medications, physical therapy, activity modification, and epidural steroid injections. The utilization review decision in question was rendered on January 15, 2014. The reviewer noted that cervical disc replacement is currently under investigation and not recommended by the Official Disability Guidelines (ODG). The requested operative intervention was noncertified based on the above rationale. –

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL DISCECTOMY/FUSION C6-7, USING CAGE AND PLATE, ALLOGRAFT BONE MATRIX, CERVICAL DISC REPLACEMENT C4-5: 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back

Decision rationale: The California/ACOEM recommendations support discectomy and fusion for patients with subacute or chronic radiculopathy due to ongoing nerve root compression who continue to have significant pain and functional limitation after at least 6 weeks of time and appropriate non-operative treatment. With regards to the disc replacement, the Official Disability Guidelines (ODG) notes that this procedure remains under study at this time. As such, the requested operative intervention is considered not medically necessary secondary to the continued experimental status of disc prosthesis.