

Case Number:	CM14-0012711		
Date Assigned:	02/21/2014	Date of Injury:	08/08/2012
Decision Date:	08/07/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/31/2014

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:

This is a 48-year-old male with an 8/8/2012 date of injury. A specific mechanism of injury was not described. 1/14/14 determination was non-certified given that guidelines generally do not support cervical disc replacement at levels adjacent to a previously fused segment. 4/4/14 letter of appeal once more requested the two-level disc replacement. The patient was noted to be a surgical candidate, according to MTUS guidelines and was previously fused at C4-5 and C5-6. The patient now has adjacent disc disease. Literature was attached discussing efficacy. 2/12/14 progress note indicated that the patient has been treated for over a year and has ongoing severe neck pain, as well as C6 and C7 radiculopathy. Without additional surgery, the patient was noted to not be able to rehabilitate, will not be able to undergo functional restoration, and will not be able to return to work. It was noted that on examination, there was absent biceps and triceps reflex on the left and, decreased sensation in most of the fingers on the left hand versus the right. The previously denied disc replacement was once more requested. 12/19/13 progress note documented severe pain between the shoulder blades, which radiated down the left arm and into the ring finger and fifth finger. Clinically there was severely restricted range of motion in the neck; decreased sensation in the ulnar two digits of the left hand; and diminished triceps reflex on the left. 10/19/12 Electrodiagnostic study documented evidence of bilateral C6 radiculopathy. 10/19/12 cervical MRI revealed postoperative changes at C4-6. C6-7 disc bulge with central protrusion results in moderate canal stenosis, right lateral disc osteophyte complex and facet arthropathy with moderate to severe right neural foraminal narrowing. Treatment today has included physical therapy, injections, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-C7 DISC REPLACEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Artificial Disc.

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, Artificial Disc, Other Medical Treatment Guideline or Medical Evidence: TOTAL ARTIFICIAL DISC REPLACEMENT FOR THE SPINE Policy Number: 2013T0437M Effective Date: October 1, 2013.

Decision rationale: The patient had a prior C4-5 and C5-6 fusion. Severe radiation of pain into the left arm into the ring and small fingers was noted and there was left sided diminished triceps reflex. However, the MRI report revealed moderate canal stenosis and right lateral disk osteophyte complex and moderate-severe right neural foraminal narrowing. There was no comment regarding the left side. Furthermore, cervical artificial discs are FDA-approved only for single level cervical disc disease. There is insufficient clinical evidence evaluating the safety and efficacy of single level disc replacement with cervical fusion at another level. Considering all these factors, the medical necessity for the request was not substantiated. Therefore, the request for C6-C7 Disc Replacement is not medically necessary.