

Case Number:	CM14-0014119		
Date Assigned:	06/11/2014	Date of Injury:	07/27/2007
Decision Date:	07/14/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/04/2014

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 injured worker is a 52 year old male who had a work related injury on 07/27/07. The mechanism of injury is not provided. The injured worker has had chiropractic treatment, physical therapy, water therapy, massage, anti-inflammatories, and narcotics. Exam shows no interval change from that previous, although he does appear to have an increased limitation in range of motion, especially lateral bending and extension compared to previous studies. Neurologically he is intact. Tinel's is negative on the left very mildly positive on the right. Phalen's testing is negative bilaterally. MRI of the cervical spine dated 06/03/13 C3-4 showed a 2mm central posterior disc protrusion which indents the anterior CSF space and very minimally about the anterior margin of the cord with no frank cord imprint or compression seen. AP canal diameter is nearly normal at 9.5mm. Neuroforamina are moderately severely narrowed bilaterally due to uncovertebral joint and facet arthrosis. C4-5 similar to the level above there is a 1mm central posterior disc protrusion which indents the anterior CSF space and abuts the anterior margin of the cord. Posterior CSF space maintained therefore no frank cord compression is seen. C5-6 showed moderate to moderately severe degenerative disc disease is present with disc space obliteration at both anterior and posterior disc osteophyte ridging. 3-4mm disc osteophytic ridging effaces the anterior CSF space and abuts the cord. AP canal diameter is moderately narrowed to 8mm. Right neuroforamen is relatively severely narrowed. Left neuroforamen is moderately severely narrowed. C6-7 moderately severe degenerative disc disease is present similar to the level above with anterior and posterior disc osteophytic ridging. 3-4mm posterior disc osteophytic ridging effaces the anterior CSF space and moderately narrows the AP canal in diameter to 7.5mm mildly imprinting the cord. No abnormal cord signal is appreciated. Foramen are moderately severe to severely narrow bilaterally by the uncovertebral

joint arthrosis. The injured worker has failed conservative treatment, and there is a request for a 2 level ADR at C6-7 and C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C7 ANTERIOR DISCECTOMY TOTAL DISC REPLACEMENT PRODIS-C VS BRYAN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307.

Decision rationale: Request for anterior discectomy C5-C7 total disc replacement Prodis-C vs Bryan, is not medically necessary, FDA has not approved these discs for 2 level use. Although the injured worker meets criteria for ADR, which includes axial pain, no deformity, no instability, and no facet arthritis at the requested levels C5-C7 Mobi-C implant is FDA approved for 2 level use. The request is not medically necessary and appropriate.

ASSISTANT SURGEON AND CTU: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AMA Guidelines to Physicians as Assistants in Surgery: 2011.

Decision rationale: The request for surgical assistant is not supported as medically necessary. This request is predicated on the approval of surgery. As surgical intervention is not approved this request is not supported.