

Case Number:	CM14-0116183		
Date Assigned:	08/04/2014	Date of Injury:	11/12/2012
Decision Date:	09/17/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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 46-year-old male who reported an injury on 11/12/2012. The injured worker reportedly suffered a neck and low back strain while pulling coin bags. The current diagnoses include post-laminectomy syndrome of the cervical region and neuralgia, neuritis and radiculitis unspecified. A Request for Authorization form was submitted on 07/09/2014 for a cervical artificial disc replacement at C5-6. The injured worker was evaluated on 07/03/2014 with complaints of ongoing neck pain and right upper extremity pain. It is noted that the injured worker was status post C3-C4 fusion. Previous conservative treatment also includes a selective nerve root block at C5-6. The injured worker reported an improvement in symptoms following the selective nerve root block. However, the injured worker noticed minimal numbness over the right shoulder and tip of the fingers. Physical examination was not provided on that date. Treatment recommendations included an artificial disc replacement at C5-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Artificial Disc Replacement at C5-6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 & Upper Back Chapter, Disc prosthesis.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe and disabling upper extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiological evidence of the region, and unresolved radicular symptoms after receiving conservative treatment. As per the documentation submitted, the injured worker reported an improvement in symptoms following a selective nerve root block at C5-C6. There was no documentation of a physical examination on the requesting date of 07/03/2014. There were no imaging studies provided for this review. Additionally, the Official Disability Guidelines state that disc prostheses are currently under study for the cervical spine. Based on the clinical information received in the above mentioned guidelines, the request is not medically necessary.