

Case Number:	CM14-0117336		
Date Assigned:	08/06/2014	Date of Injury:	02/22/2008
Decision Date:	09/12/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/25/2014

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 Surgeon, 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 37-year-old female who reported an injury on 02/28/2008. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to her cervical spine. The injured worker's treatment history included conservative therapy followed by fusion at the C5-6 level. The injured worker was evaluated on 05/27/2014. It was noted that the injured worker had several emergency room visits due to severe neck pain rated at a 10/10. It was reported that the injured worker had complaints of her neck locking up. The injured worker's medications included Percocet and Flexeril. The injured worker has a history of trigger point injections. The physical findings included restricted range of motion at the cervical spine and past spasming at the left trapezial muscle with numbness into the middle finger of the left hand and weakness rated at a 4/5 in grip strength, and biceps and triceps motor strength. The injured worker's diagnoses included status post C4-5 artificial disc replacement and disc degeneration and posterior disc protrusion at the C4-5 and C6-7. The injured worker's treatment plan included artificial disc replacement and fusion at the C5-6 with a preoperative discogram at the C4-5 and C6-7 to rule out pain generators at that level and continued pain management. No request for authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical ARD (Artificial Disc Replacement) at C4-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The American College of Occupational and Environmental Medicine recommends surgical intervention for patients who have clinical findings of severe functional deficits corroborated by an imaging study who have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has radicular symptoms. However, an imaging study was not submitted for review to support the request. It is noted within the documentation that the injured worker had undergone imaging; however, it was not submitted. Additionally, justification for the surgical intervention requested is not clearly provided within the documentation. The Official Disability Guidelines recommend that this surgery is considered to be under study. Justification for artificial disc replacement versus standard interbody fusion was not provided. As such, the requested surgical ARD (artificial disc replacement) at C4 through C6 is not medically necessary.

Preoperative Discogram at C4-5: Upheld

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.

Preoperative Discogram at C6-7: Upheld

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.

Preoperative clearance: Upheld

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.

Assistant surgeon: Upheld

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.