

<b>Case Number:</b>	CM14-0128510		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/06/2013
<b>Decision Date:</b>	10/13/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 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 41-year-old male who reported an injury on 11/06/2013. The mechanism of injury was a motor vehicle accident. The surgical history was stated to be none. The injured worker's medications included Tramadol, Naproxen, and Cyclobenzaprine. The injured worker underwent an MRI of the cervical spine without contrast on 12/18/2013 which revealed at the level of C5-6, there was a slightly narrowed disc appearing otherwise unremarkable. There was noted to be early degenerative disc disease. The prior treatments were noted to have included physical therapy, medication management, chiropractic manipulation, core strengthening, behavioral modification, and injection therapies. The documentation of 07/12/2014 revealed the injured worker had severe pain that was disabling at times. The injured worker was noted to have frequent pain. The physical examination revealed a test of the dynamometer revealing 90 on the right and 85 on the left. The diagnoses included C5-6 disc herniation with significant bilateral foraminal stenosis. The documentation indicated the injured worker had failed conservative care and as such was an excellent candidate for surgery. The treatment plan included bilateral disc replacements at C5-6. The subsequent documentation of 08/23/2014 revealed the injured worker had x-rays and an MRI and had disabling pain. The physician opined that artificial disc technology was extremely well appreciated and qualified at this time. The physician further opined that given the injured worker's age and desire to return to active employment, this would be the best opportunity for him. The treatment plan included a C5-6 artificial disc replacement. There was a detailed request for authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5/6 artificial disc replacement: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have persistent, severe, and disabling shoulder or arm symptoms. There should be documentation of activity limitation for more than 1 month or with extreme progression of symptoms. There should be clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short term and long period. There should be documentation of unresolved radicular symptoms. The clinical documentation submitted for review failed to indicate the injured worker had objective clinical findings to support the necessity for surgical intervention. There was documentation the injured worker had failed conservative care. The MRI failed to support the necessity for surgical intervention. There was no nerve conduction study submitted for review. Given the above, the request for C5-6 artificial disc replacement is not medically necessary.

**Soft collar dispensed in house x1: 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.

**Rigid collar dispensed in house x1: 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.

**Home Health Nurse (wound care) x1 visit: 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.

**SSEP (somatosensory evoked potential):** 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.

**Medical clearance labs:** 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.

**Pre-op EKG:** 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.

**Pre-op chest x-ray:** 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.

**H & P medical 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.