

Case Number:	CM14-0150999		
Date Assigned:	09/19/2014	Date of Injury:	03/01/2001
Decision Date:	10/20/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/16/2014

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 New York. 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 patient has chronic neck pain. The patient has had exercises and continues to have pain. On examination the patient has reduced range of cervical motion and tenderness palpation of the neck. Spurling sign is positive on the right. Patient has decreased light touch sensation to the left forearm. Patient's date of injury is March 1, 2001. X-ray myelogram from 2013 shows previous anterior fusion at C6-7. The myelogram does not show stenosis or compression of the spinal cord. Electrodiagnostic studies from 2013 were within normal limits. At issue is whether revision cervical spine surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Discectomy with Cervical TDR at C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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: ODG neck pain chapter, MTUS neck pain chapter

Decision rationale: Guidelines do not support the use of anterior cervical fusion surgery in conjunction with artificial disc total cervical disc replacement. FDA guidelines for total disc

replacement do not support the use of total disc replacement in regions where fusion have been performed. The combination of fusion and total disc arthroplasty is not approved by the FDA and not medically necessary in this case. Criteria for artificial disc replacement not met. Criteria for fusion surgery not met. The patient does not have established instability, fracture or tumor. There is no evidence of failure previous fusion. The request is not 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 surgery is not medically necessary, then all other associated items are not medically necessary.