MAXIMUS Federal Services

Case Number:	CM14-0153143		
Date Assigned:	09/23/2014	Date of Injury:	04/03/2013
Decision Date:	10/28/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/19/2014

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 49-year-old female who reported an injury on 04/03/2013 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her cervical and lumbar spine. The injured worker was evaluated on 08/20/2014. The injured worker's treatment history included physical therapy and massage therapy. The injured worker's medications included Topamate 25 mg, Vimovo 500 mg, Lidoderm patches, and Advil. It was reported that the injured worker was seen by a spine specialist on 08/07/2014 that recommended disc replacement for the cervical spine and radiofrequency ablation for the lumbar spine. It was noted that the injured worker had undergone a medial branch block on 12/12/2013 that provided 80% relief of the injured worker's lumbar symptoms. Physical evaluation of the lumbar spine documented restricted range of motion secondary to pain with tenderness to palpation over the L4-5 and L5-S1 segments. Evaluation of the injured worker's cervical spine documented restricted range of motion secondary to pain. The injured worker's diagnoses included cervical facet arthralgia, lumbar facet arthralgia, right sacroiliac arthralgia at L4-5 and L5-S1 discogenic pain. A Request for Authorization dated 08/20/2014 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:

Cervical disc replacement of C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (updated 08/04/14), Disc Prosthesis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Disc Prosthesis

Decision rationale: The requested Cervical disc replacement of C6-C7 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this type of surgical intervention. Official Disability Guidelines do not support the use of cervical disc replacement, as it is still considered investigational and under study. Additionally, surgical intervention is not supported in this clinical situation as there was no submission of an independent report of any imaging study that supported the need for surgical intervention. The clinical documentation did not provide any evidence of radiating pain to support the need for an artificial disc replacement. The clinical documentation does not provide any discussion to support this surgical procedure over a standard fusion surgery. As such, the requested Cervical disc replacement of C6-C7 is not medically necessary or appropriate.