

Case Number:	CM14-0154398		
Date Assigned:	09/24/2014	Date of Injury:	07/27/2011
Decision Date:	10/27/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/22/2014

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 California. 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:

According to the records made available for review, this is a 28-year-old male with a 7/27/11 date of injury. At the time (9/10/14) of request for authorization for C5-C6 Disc replacement, there is documentation of subjective (right upper back and neck pain radiating to the right upper extremity) and objective (pain on Spurling's test from shoulder down to 4th and 5th digit, decreased right grip strength, diminished pinch, and diminished elbow flexion and extension) findings, imaging findings (reported MRI of the cervical spine (undated) revealed interval worsening with a significant right C5-C6 disc herniation and spinal cord compression; report not available for review), current diagnoses (cervical sprain, right upper extremity radiculopathy, thoracic outlet syndrome, and cervical radiculopathy), and treatment to date (medications, physical therapy, acupuncture, treatment with TENS unit, and trigger point injections). Medical reports identify that there is disc space narrowing reported in an MRI of the cervical spine on 2/7/14. There is no documentation an abnormal imaging report with positive findings (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis) that correlate with nerve root involvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 Disc replacement: 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) Treatment in Workers Compensation (TWC), Online Edition, Neck and Upper Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper back, Artificial disc replacement and Discectomy/laminectomy/laminoplasty

Decision rationale: MTUS reference to ACOEM guidelines identifies that surgical consultation/intervention is indicated for patients who have: Persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms after receiving conservative treatment. ODG identifies documentation of a condition/diagnosis (such as: intractable symptomatic single-level cervical DDD) with supportive subjective/objective findings of arm pain and functional/neurological deficit at the requested level(s), failure of conservative treatment, and imaging (CT, MRI, X-ray) findings (herniated nucleus pulposus; spondylosis; and/or loss of disc height), to support the medical necessity of artificial disk replacement. In addition, ODG identifies documentation of failure of at least a 6-8 week trial of conservative care, etiologies of pain such as metabolic sources (diabetes/thyroid disease) non-structural radiculopathies (inflammatory, malignant or motor neuron disease), and/or peripheral sources (carpal tunnel syndrome) should be addressed prior to cervical surgical procedures, evidence of sensory symptoms in a cervical distribution that correlate with the involved cervical level or presence of a positive Spurling test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the cervical level, an abnormal imaging report with positive findings (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis) that correlate with nerve root involvement, as criteria necessary to support the medical necessity of cervical decompression. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, right upper extremity radiculopathy, thoracic outlet syndrome, and cervical radiculopathy. In addition, there is documentation of failure of conservative treatment (medications, physical therapy, acupuncture, treatment with TENS unit). Furthermore, given documentation of subjective (right upper back and neck pain radiating to the right upper extremity, and objective (pain on Spurling's test from shoulder down to 4th and 5th digit, decreased right grip strength, diminished pinch, and diminished elbow flexion and extension) findings, there is documentation of symptoms (pain in a nerve root distribution) which confirm presence of radiculopathy and objective findings (sensory changes and motor changes) that correlate with symptoms. However, despite documentation of reported imaging findings (interval worsening with a significant right C5-C6 disc herniation, spinal cord compression and disc space narrowing), there is no documentation an imaging report (cord compression or MODERATE or greater central canal stenosis) that correlate with nerve root involvement. Therefore, based on guidelines and a review of the evidence, the request for C5-C6 Disc replacement is not medically necessary.