

Case Number:	CM14-0023201		
Date Assigned:	05/14/2014	Date of Injury:	07/29/2008
Decision Date:	08/07/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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:

The patient is a 52-year-old female with a 7/29/08 date of injury, when she lifted a heavy child off the floor and noted worsening of pain. The 10/24/13 MRI of the cervical spine revealed degenerative disc disease and facet arthropathy with reversal of cervical lordosis with retrolisthesis C4-5 and C6-7; canal stenosis includes C3-4, C4-5, and C5-6 moderate to severe canal stenosis with contact and distortion of the ventral aspect of the cervical cord, due to disc material and C6-7 mild to moderate canal stenosis. There were noted comorbidities, including hypertension and hypercholesterolemia. The 12/5/13 progress note described ongoing back and neck pain, and inability to walk. There was a noted lesion at C5-6, severe enough to affect the patient's gait. Clinically, there was reduction in range of motion, decreased grip strength of the left hand versus the right and some decreased biceps strength on the left versus the right. Decompression at two levels and disc replacement arthroplasty was requested. Treatment to date has included physical therapy (PT), activity modification, lumbar ESI, and medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECOMPRESSION OF SPINAL CORD AT C3/4 C4/5 C5/6 WITH INSERTION OF DISC REPLACEMENT: Upheld

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

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) ODG Neck and Upper Back Chapter.

Decision rationale: This request obtained an adverse determination, as guidelines do not support this surgical treatment. The ODG states that cervical arthroplasty is under study, especially at three levels. It has not been discussed why the patient requires disc replacement, as opposed to the ACDF. This request remains unsubstantiated, as guidelines do not support cervical disc replacement at 3 levels. Therefore, the decompression of the spinal cord at C3/4 C4/5 C5/6 with insertion of disc replacement is not medically necessary.

ASSISTANT SURGEON: Upheld

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

PRE-OPERATIVE HISTORY AND PHYSICAL: Upheld

Since the primary procedure is not medically necessary, none of the associated services are medically necessary.