

Case Number:	CM14-0028308		
Date Assigned:	06/13/2014	Date of Injury:	08/12/2013
Decision Date:	07/16/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/05/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 employee is a 53-year-old male injured on August 12, 2013. The mechanism of injury was reported to be a motorcycle accident. The most recent progress note, dated February 24, 2014, indicated that there were ongoing complaints of neck pain, upper back pain and bilateral upper extremity pain. The physical examination demonstrated there was diffuse cervical tenderness over the middle and lower cervical spine as well as the trapezius muscles. The cervical spine range of motion was limited. There was diffuse weakness in the bilateral upper extremities without sensory or motor deficits. There was a recommendation for an anterior cervical decompression and fusion at C5-C6. Diagnostic imaging studies objectified a large central C5-C6 disc herniation causing severe spinal cord pressure and narrowing of the central canal to just 4-5 mm. A request had been made for an anterior C5-C6 disc replacement and was not certified in the pre-authorization process on February 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTIFICIAL DISC REPLACEMENT C5-C6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (updates 12/16/2013), ADR (artificial disc replacement).

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 (Acute & Chronic), Disc prosthesis, (updated May 30, 2014).

Decision rationale: According to the Official Disability Guidelines, surgery for an artificial disc replacement is recommended for the cervical spine only in certain conditions. Those conditions include a single level degenerative disc in an individual who has failed at least six weeks of nonoperative treatment and would have an MRI with a herniated disc. While the injured employee does meet this criterion, recommended exclusions for this surgery include individuals who have evidence of facet arthritis. The MRI of the cervical spine, dated December 6, 2013, revealed that there were moderate degenerative changes due to facet arthropathy throughout the entire cervical spine except for at the C2-C3 level. Considering this, this request for an artificial disc replacement at the C5-C6 level is not medically necessary.

PREOPERATIVE MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation General Assessment Guidelines (<http://guidelines.gov/content.aspx?id=34053>).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG Treatment / Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 6/10/14).

Decision rationale: According to the Official Disability Guidelines, preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures but should be performed as a matter of medical necessity rather than protocol. Additionally, the requested procedure for an artificial disc replacement has been determined to not be medically necessary. This request for preoperative medical clearance is also not medically necessary.

PREOPERATIVE LABORATORY STUDIES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back (updated 12/27/2013), Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): ODG Treatment / Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 6/10/14).

Decision rationale: According to the Official Disability Guidelines, preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, and urinalysis) is often performed before surgical procedures but should be performed as a matter of medical necessity rather than protocol. Additionally, the requested procedure for an artificial disc replacement has been

determined to not be medically necessary. This request for preoperative laboratory studies is also not medically necessary.