MAXIMUS Federal Services

Case Number:	CM14-0031057		
Date Assigned:	03/28/2014	Date of Injury:	01/10/2012
Decision Date:	07/21/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/12/2014

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 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 40-year-old female who reported an injury to her cervical region. The utilization review dated 03/10/14, resulted in a denial for a C4-5 and C5-6 artificial disc replacement with neuromonitoring, an assistant surgeon, preoperative clearance, and a 4-5 day inpatient stay as the injured worker's imaging studies revealed three (3) level involvement at C3-4, C4-5, and C5-6 and the use of artificial disc replacements is only indicated for two (2) level procedures. The clinical note dated 03/04/14, indicates the injured worker showing deterioration in her clinical presentation. The injured worker reported severe symptoms, which are worsening. The injured worker had complaints of numbness and weakness in the left upper extremity. The initial injury occurred in 2008 with a recurrence when she was involved in a motor vehicle accident. The injured worker initially underwent an anterior cervical discectomy and fusion (ACDF) at C4-5 and C5-6. The injured worker had done well postoperatively following the 2009 procedure up to C5-6. The MRI of the cervical spine dated 02/26/14, revealed a 3mm disc protrusion at C3-4 effacing the ventral subarachnoid space. Moderate compression of the cervical cord was identified at this level. A mild narrowing was identified at C4-5 with a broad right paracentral three millimeter disc protrusion moderately compressing the cervical cord. A mild narrowing was identified at C5-6 with a broad central and left paracentral 2-3 millimeter disc protrusion causing moderate mass effect on the left side of the cervical cord. A disc protrusion was also identified at C6-7 contacting the cervical cord. The electrodiagnostic studies completed on 03/06/14 revealed prolongation of the median nerve with distal latencies bilaterally. Prolonged median nerve distal latencies were also identified in the sensory nerves. The clinical note dated 02/20/14 indicates the injured worker continuing with progressive cervical pain. The injured worker was able to demonstrate 50% of normal cervical flexion with 20% of normal extension, and 5-/5 strength was identified in the hands. Reflex deficits were

identified in both brachial radialis muscles. The injured worker has a positive Spurling's test bilaterally. The injured worker also has a positive Tinel's and Phalen's test on the left wrist. The clinical note dated 12/12/13 indicates the injured worker showing 80% of normal flexion in the cervical region with 40% of extension. No strength deficits were identified at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR CERVICAL DISC C4-5 REPLACEMENT PER REPORT DATED 03/04/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 12/16/13), 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 Official Disability Guidelines indicate that the recommended indications for disc prosthesis include: patients with intractable symptomatic single-level cervical degenerative disc disease (DDD), who have failed at least six (6) weeks of non-operative treatment and present with arm pain and functional/neurological deficit. The documentation indicates the injured worker complaining of progressive cervical region pain. An artificial disc replacement is indicated in the cervical region provided the injured worker is being recommended for the use of the Mobi-C cervical disc replacement and no more than two (2) levels have been identified as the pain generators. The submitted MRI revealed significant findings at the C3-4, C4-5, and C5-6 levels as well as moderate findings identified at the C6-7 level. Given the multi-level involvement confirmed by imaging studies, this request is not indicated as medically necessary.

ASSISTANT SURGEON PER REPORT DATED 03/04/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

PREOPERATIVE MEDICAL CLEARANCE PER REPORT DATED 03/04/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.guideline.gov/content.aspx?id=38289.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

INPATIENT STAY FOR FOUR TO FIVE (4-5) DAYS PER REPORT DATED 03/04/2014 QTY: 5.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 12/16/13), Hospital length of stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

ANTERIOR CERVICAL DISC C5-6 REPLACEMENT PER REPORT DATED 03/04/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 12/16/13), 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 Official Disability Guidelines indicate that the recommended indications for disc prosthesis include: patients with intractable symptomatic single-level cervical degenerative disc disease (DDD), who have failed at least six (6) weeks of non-operative treatment and present with arm pain and functional/neurological deficit. The documentation indicates the injured worker complaining of progressive cervical region pain. An artificial disc replacement is indicated in the cervical region provided the injured worker is being recommended for the use of the Mobi-C cervical disc replacement and no more than two (2) levels have been identified as the pain generators. The submitted MRI revealed significant findings at the C3-4, C4-5, and C5-6 levels as well as moderate findings identified at the C6-7 level. Given the multi-level involvement confirmed by imaging studies, this request is not indicated as medically necessary.

NEUROMONITORING PER REPORT DATED 03/04/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (updated 12/16/13), Intraoperative neurophysiological monitoring (during surgery).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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