

Case Number:	CM14-0033594		
Date Assigned:	03/21/2014	Date of Injury:	07/02/2013
Decision Date:	04/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/18/2014

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 Spinal Surgery and is licensed to practice in New York. 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 53-year-old male with a date of injury of July 2, 2013. He injured his upper back and right arm while working. He continues to have significant pain. He is taking medications with minimal relief. He has had 5 sessions of physical therapy with some benefit. He is worried about his weakness. Physical examination shows the patient is neurovascularly intact with the exception of numbness in the fourth and fifth fingers. He has 4 minus over 5 grip strength on the right. Tinel's test his right sided positive. The patient started to experience neck pain. His neck pain is associated with left upper extremity pain numbness and weakness. The treatment to date includes anti-inflammatory medicines, physical therapy, chiropractic treatments and pain management. The physical examination of the cervical spine show Spurling's test is positive. He has paraspinal muscle spasm. Range of motion is limited in secondary to pain. The patient has numbness and C5-6 and C6-7 distribution bilaterally. Tinel's test is positive over the elbows consistent with ulnar nerve impingement. Motor strength is 4 minus over 5 bilateral wrist Final Determination Letter for IMR Case Number [REDACTED] extension and finger extension bilaterally. Sensation is diminished in C6 and C7 bilaterally. Deep tendon reflexes are absent and bilateral triceps and brachioradialis. MRI the cervical spine November 2013 shows multiple levels of disc degeneration C4-5 C5-6 C6 segment. There is no instability. There is some mild foraminal stenosis at C3-4 but no central stenosis. There is no significant spinal stenosis present. Neurophysiologic testing in September 2013 reveals nonspecific multiple levels of radicular findings consistent with polyradiculopathy. At issue is whether multiple level cervical disc replacement surgery is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR C5-C6 & C6-C7 DISC REPLACEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, 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)

Decision rationale: This patient does not meet establish criteria for two-level artificial disc replacement in the cervical spine. Specifically, the FDA has not improved artificial disc surgery for more than one level in the cervical spine. FDA guidelines do not permit 2 levels of artificial disc replacement surgery in the cervical spine. This procedure is purely experimental at this time. In addition, the patient does not meet established criteria for cervical spine surgery. There is no correlation between specific documented radiculopathy on physical examination correlating with specific MRI compression of a nerve root or the spinal cord. In fact, the patient's cervical MRI does not demonstrate significant neural compression. Also, the patient's imaging studies do not document any evidence of instability. The patient does not have any of the red flag indicators for spinal surgery such as fracture, tumor, or progressive neurologic deficit. Criteria for cervical spine surgery are not met.

PRE- OPERATIVE CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

CERVICAL COLLAR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

IN-PATIENT HOSPITAL 3-4 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.