

Case Number:	CM14-0034266		
Date Assigned:	06/20/2014	Date of Injury:	02/28/2001
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/19/2014

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 Neurological 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 injured worker is a 58-year-old male injured on February 28, 2001. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated June 2, 2014, indicated that there were ongoing complaints of neck and upper back pain. Current medications include Flexeril, Robaxin and Norco. The physical examination demonstrated tenderness along the cervical spine and the upper back. Palpable twitch positive trigger points were noted in muscles of the head and neck. Diagnostic imaging studies objectified a 4 mm right sided disc protrusion at C6. Electrodiagnostic studies also showed a right sided C5 and C6 radiculopathy. A request had been made for a cervical disc replacement and was not certified in the pre-authorization process on February 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical total disc replacement: 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, 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 (Acute & Chronic), Disc prosthesis, updated May 30, 2014.

Decision rationale: According to the Official Disability Guidelines, a disc prosthesis for the cervical spine is not recommended, but it is under study. Exclusion criteria include facet arthritis. The MRI of the cervical spine, dated December 21, 2012, indicated facet arthritis at both the C3-C4 and C5-C6 levels. Therefore, the request for a total disc replacement of the cervical spine is not medically necessary.