

Case Number:	CM14-0035245		
Date Assigned:	06/23/2014	Date of Injury:	03/15/2013
Decision Date:	07/24/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/21/2014

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 36-year-old female injured on March 15, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated February 13, 2014, indicated that there were ongoing complaints of right shoulder pain and bilateral wrist and hand pain. The physical examination demonstrated tenderness along the cervical spine and decreased cervical spine range of motion. There was a positive Spurling's test bilaterally. There was decreased sensation in the left C5 through C8 dermatomes. The physical examination of the right shoulder noted decreased range of motion and tenderness at the subacromial bursa. There was a negative apprehension test, a negative impingement test, and a negative O'Brien's test. Muscle strength of the left shoulder was rated at 5/5. Examination of the wrist and hands noted decreased sensation in the bilateral upper extremities. Diagnostic imaging studies objectified a C4-C5 right posterior disc protrusion/extrusion, a C6-C7 broad-based disc protrusion and a C5-C6 minimally bulging disc. There was slightly abutment at the C4-C5 level. Upper extremity electrodiagnostic (EMG) testing was consistent with mild bilateral carpal tunnel syndrome. Previous treatment included the use of a wrist brace and chiropractic therapy. A request had been made for an artificial disc replacement at C4-C5 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:

Artificial disc replacement at the levels of C4-C5: Upheld

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

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 including a disc prosthesis is under study for the cervical spine. However, if the surgery was to be pursued, it is recommended for patients with intractable symptomatic single-level cervical degenerative disc disease, who have failed at least six weeks of non-operative treatment and present with arm pain and functional/ neurological deficit. At least one of the following conditions should be confirmed by imaging (CT, MRI, X-ray). There was no evidence of any nerve root involvement on the cervical spine MRI, and the cervical spine electrodiagnostic (EMG) studies did not show any radiculopathy. For these multiple reasons, this request for a disc replacement at the C4-C5 level is not medically necessary.