

Case Number:	CM14-0043961		
Date Assigned:	06/20/2014	Date of Injury:	09/10/2005
Decision Date:	07/18/2014	UR Denial Date:	02/27/2014
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 Surgery, has a subspecialty in Orthopedic Spine 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:

Claimant is a 42 year old female with a date of injury of 9/10/2005. She has chronic neck pain that ranges 8/10 on a visual analog scale radius. Patient experiences right c6 hypesthesia, trace weakness of the triceps, hyporeflexia but symmetric reflexes. Magnetic resonance imaging (MRI) was completed on 5/2013 of the right c4-5 disc extrusion causing severe stenosis, c5-6 dddd with some stenosis. Prior treatment includes meds, and physical therapy. Disputed issue being reviewed is a two level artificial disc surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5 and C5-6 Anterior Discectomy ProDisc-C 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 & Upper Back; "Superiority of Multilevel Cervical Arthroplasty Outcomes versus Single-Level Outcomes" SPINE Volume 32 Number 12 pages 1137-1344, 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG neck pain chapter: artificial disc surgeryFDA Criteria Cervical Artificial Disc Replacement.

Decision rationale: Cervical artificial disc replacement surgery remains experimental at more than one level of cervical disc. FDA guidelines for usage do not permit more than one level of use. FDA criteria are for single-level usage. More than one level of artificial cervical disc replacement surgery remains experimental and there are no long term outcomes studies to define the safety and efficacy of the procedure. Experimental surgery should be denied as it is not medically necessary and established criteria for use not met.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Centers for Medicare & Medicaid Services.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG neck pain chapter: artificial disc surgeryFDA Criteria Cervical Artificial Disc Replacement.

Decision rationale: Because the surgery is not medically necessary, then all other associated items are not needed.

DME:CTU: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG neck pain chapter: artificial disc surgeryFDA Criteria Cervical Artificial Disc Replacement.

Decision rationale: Because the surgery is not medically needed, then all other associated items are not needed.

3 Day hospital stay: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG neck pain chapter: artificial disc surgeryFDA Criteria Cervical Artificial Disc Replacement.

Decision rationale: Because the surgery is not needed, then all other associated items are not needed.

Pre-op labs: 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-Lumbar & Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG neck pain chapter: artificial disc surgeryFDA Criteria Cervical Artificial Disc Replacement.

Decision rationale: Because the surgery is not needed, then all other associated items are not needed.