

Case Number:	CM14-0046730		
Date Assigned:	07/02/2014	Date of Injury:	03/01/2001
Decision Date:	08/06/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 chronic neck pain. On physical examination he has tenderness to the cervical spine. He has an antalgic gait. His date of injury is March 1, 2001. He is taken narcotic medicine for pain. CT scan from September 2013 shows interbody fusion at C6-7. There is a small C5-6 disc osteophyte complex with no canal stenosis or neural foraminal narrowing. The CT myelogram from September 2013 shows C6-7 fusion. There is junctional breakdown at C7-T1 with anterior osteophyte and decreased disc height at C5-6. There appeared to be a calcified herniated disc which causes distortion of the traversing C6 nerve root. Neurophysiologic testing from December 2013 shows mild right ulnar neuropathy at the elbow and bilateral C6 radiculopathy that is chronic. No evidence of left-sided or right-sided cervical plexopathy. At issue is whether C5-6 Prodisc orthoplasty is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 Discectomy with Instrumentation ProDisc C: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (updated 03/31/14), Fusion, anterior cervical.

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.

Decision rationale: This patient does not meet establish criteria for artificial cervical disc. Specifically, the FDA has not approved the device to be used above or below her previous fusion. In this case the patient has a previous fusion the cervical spine. Also, the physical examination does not show specific radiculopathy that is correlated with imaging study showing specific compression of the nerve root. Since the patient does not have clinical myelopathy or radiculopathy cervical surgery is not medically necessary. In addition the artificial disc device is experimental when used in the presence of her previous fusion. Established criteria not met. As such, the request is not medically necessary.

Pre-operative 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 (updated 05/10/13), Preoperative Lab Testing.

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.

Pre-operative Chest X-ray: 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 (updated 05/10/13), Preoperative Testing, General.

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.

Pre-operative EKG (electrocardiogram): 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 (updated 05/10/13), Preoperative Testing, General.

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.