

Case Number:	CM14-0052100		
Date Assigned:	07/07/2014	Date of Injury:	02/25/2013
Decision Date:	08/06/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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 Orthopedic Surgery and is licensed to practice in Texas, Montana and Tennessee. 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 54-year-old male who reported an injury on 02/25/2013. The mechanism of injury involved repetitive work activity. The current diagnoses included cervical disc herniation at C6-7 with right-sided neural foraminal narrowing, right-sided cervical radiculopathy, and bilateral shoulder arthralgia. The injured worker was evaluated on 03/21/2014. It was noted that the injured worker had been previously treated with 3 epidural steroid injections in the cervical spine, 20 sessions of acupuncture, 6 sessions of chiropractic treatment, and medication management with Norco 10/325 mg, Flexeril, and Celebrex. The injured worker reported only 25% improvement in symptoms following the latest epidural steroid injection on 11/22/2013. The injured worker presented with complaints of 8/10 pain, constant radiation, and numbness into the right upper extremity. Physical examination on that date revealed no acute distress, visible atrophy in the right trapezius region, decreased cervical range of motion, painful range of motion, decreased sensation in the C6 and C7 dermatomes on the right, diminished right triceps reflex, positive right-sided Spurling's test, and diminished strength in the right upper extremity. Treatment recommendations at that time included authorization for an artificial disc replacement at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Artificial Disc replacement at C6-7: 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: Disc Prosthesis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Disc Prosthesis.

Decision rationale: The injured worker is a 54-year-old male who reported an injury on 02/25/2013. The mechanism of injury involved repetitive work activity. The current diagnoses included cervical disc herniation at C6-7 with right-sided neural foraminal narrowing, right-sided cervical radiculopathy, and bilateral shoulder arthralgia. The injured worker was evaluated on 03/21/2014. It was noted that the injured worker had been previously treated with 3 epidural steroid injections in the cervical spine, 20 sessions of acupuncture, 6 sessions of chiropractic treatment, and medication management with Norco 10/325 mg, Flexeril, and Celebrex. The injured worker reported only 25% improvement in symptoms following the latest epidural steroid injection on 11/22/2013. The injured worker presented with complaints of 8/10 pain, constant radiation, and numbness into the right upper extremity. Physical examination on that date revealed no acute distress, visible atrophy in the right trapezius region, decreased cervical range of motion, painful range of motion, decreased sensation in the C6 and C7 dermatomes on the right, diminished right triceps reflex, positive right-sided Spurling's test, and diminished strength in the right upper extremity. Treatment recommendations at that time included authorization for an artificial disc replacement at C6-7.