

Case Number:	CM14-0052831		
Date Assigned:	04/23/2014	Date of Injury:	11/01/2012
Decision Date:	07/09/2014	UR Denial Date:	03/21/2014
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, has a subspecialty in Sports Medicine and is licensed to practice in Pennsylvania. 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 claimant is a 48-year-old gentleman who injured his neck on November 1, 2012 when he fell over a machine. The report of a clinical follow up on November 5, 2013 indicated continued complaints of pain in the neck as well as radiating pain and numbness to the left upper extremity. The report documents that the claimant had failed conservative care as of that date including physical therapy, traction, chiropractic treatments, medication management and activity modification. Physical examination findings showed 5/5 motor strength with the exception of the left biceps, triceps and wrist extensors at 4/5. There were equal and symmetrical reflexes with no sensory deficit and a positive Spurling's test. The report of plain film radiographs of the cervical spine demonstrated degenerative changes at C5-6 and C6-7 with a spondylolisthesis. An MRI scan reviewed from August 30, 2013 showed a large left paracentral disc osteophyte complex at C6-7 and moderate to severe bilateral foraminal stenosis. The C5-6 level showed a paracentral disc osteophyte complex with mild to moderate foraminal stenosis noted at C5-6 and C7-T1. The recommendation for hybrid reconstruction in the form of fusion at C6-7 and an artificial disc replacement at C5-6 was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 ARTIFICIAL DISC REPLACEMENT, C6-7 ANTERIOR CERVICAL DISCECTOMY AND FUSION WITH INSTRUMENTATION, POSSIBLE ILLIAC CREST BONE GRAFT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

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

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, the request for C5-6 artificial disc replacement and C6-7 anterior cervical fusion would not be indicated. While not addressed by ACOEM Guidelines, the Official Disability Guidelines recommend that there is no peer- reviewed support for the efficacy of disc replacement in the presence of multi-level disease. The claimant's clinical presentation of multiple cervical spondylosis and stenotic findings would not support the role of surgery to include disc replacement procedure. The specific request would not be supported as medically necessary.

AN ASSISTANT SURGEON: Upheld

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

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.

SPINAL CORD MONITOR: Upheld

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

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.

23 HOUR OVERNIGHT STAY: Upheld

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

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.

(DME) CERVICAL COLLAR W/PAD: Upheld

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

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.

HOT/COLD THERAPY UNIT WITH WRAP: Upheld

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

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.

BONE STIMULATOR: Upheld

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

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.