

Case Number:	CM14-0058904		
Date Assigned:	07/09/2014	Date of Injury:	10/15/2004
Decision Date:	08/08/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/29/2014

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 and is licensed to practice 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:

This 55-year-old female sustained an industrial injury on 10/15/04, due to cumulative trauma. The patient was diagnosed with C5/5 and C6/7 disc herniation with C7 radiculopathy. Neck pain had progressively worsened with left hand weakness and pain that followed the left C6 and C7 distribution. The patient had reportedly failed conservative treatment with anti-inflammatories, narcotics, epidural steroid injection and physical therapy. The 2/26/13 cervical MRI impression documented C4/5 mild spondylosis with bilateral facet joint arthropathy, mildly compressing the left ventral thecal sac and bilateral neuroforaminal stenosis. There was moderate spondylosis at C4/5 with attenuation of the ventral subarachnoid space and moderately severe left neuroforaminal stenosis impinging on the left C6 nerve root. There was moderate C6/7 spondylosis with mild compressing on the central and left ventral aspect of the thecal sac. The 10/28/13 chart note recommended C5/6 and C6/7 anterior discectomy and fusion with instrumentation and machined spacer. The 12/19/13 progress report indicated that the patient was status post C5-7 anterior cervical discectomy and fusion on 11/5/13. She was doing well with intermittent neck and arm pain, and not taking medications on a regular basis. She was ready to return to work full duty on 1/5/14. On 4/15/14, a request for authorization of the application of device or spacer was noted. The 4/21/14 utilization review did not grant the request to apply a disc device/space x 2, as indications for a cervical artificial disc replacement device were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Apply device/spacer QTY: 2 for dates of service 11/5/2013 and 4/15/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines Neck and Upper Back (Acute & Chronic) Disc prosthesis.

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, Disc Prosthesis.

Decision rationale: The Official Disability Guidelines indicate that disc replacement is under study with recent promising results in the cervical spine but state that additional studies are required to allow for a recommended status. The general indications for currently approved cervical-ADR devices (based on protocols of randomized-controlled trials) are 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): (1) herniated nucleus pulposus; (2) spondylosis (defined by the presence of osteophytes); & (3) loss of disc height. Guideline criteria have not been met. Guidelines indicate that disc replacement is under study with additional studies needed in order to recommend it. General indications recommend that cervical artificial disc replacement be limited to patients with single level degenerative disc disease. This patient presents with multilevel spondylosis. A request was submitted for 2-level decompression and fusion, using instrumentation and spacers. In the absence of guideline support, the request for application of disc device/spacer at two levels is not medically necessary.