

Case Number:	CM14-0059785		
Date Assigned:	07/09/2014	Date of Injury:	04/18/2012
Decision Date:	10/07/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/30/2014

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 Neurological Surgery and is licensed to practice in 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:

The records, presented for review, indicate that this 51-year-old female was reportedly injured on April 18, 2012. The mechanism of injury was noted as collecting tolls. The most recent progress note, dated August 25, 2014, indicated that this is the first postop appointment after a disc replacement at C6-C7. There was a normal upper extremity neurological examination. Diagnostic imaging studies of the cervical spine showed evidence of an anterior fusion with plating at C4-C5 and C5-C6. Small osteophytes were noted at the C6-C7 level effacing the thecal sac without significant canal narrowing. Previous treatment included a C4 through C6 discectomy and fusion as well as a subsequent fusion revision and an epidural steroid injection. A request had been made for an inpatient C6-C7 discectomy and total disc replacement, a surgical assistant, and a cervical soft collar and was denied in the pre-authorization process on April 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient C6-7 discectomy and total disc replacement to be done at [REDACTED] with one (1) day inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines, the practice of disc prosthesis is still under study for the cervical spine. It is stated, that while comparative studies with anterior cervical fusion yield similar results, the expectation of a decrease in adjacent segment disease development in long-term studies remains in question. Considering this, the request for inpatient C6-C7 discectomy and total disc replacement to be done at San Ramon regional with one (1) day inpatient stay is not medically necessary.

Surgical assistant: 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 med necessary, none of the associated services are medically necessary.

Cervical soft collar: 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 med necessary, none of the associated services are medically necessary.