

Case Number:	CM14-0065945		
Date Assigned:	08/06/2014	Date of Injury:	05/01/2007
Decision Date:	12/31/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/09/2014

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 Spine Surgery, and is licensed to practice in Georgia and South Carolina. 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 63-year-old female who reported an injury on 05/01/2007. The mechanism of injury was not provided. On 02/04/2014, the patient presented with intermittent left sided neck pain radiating down her left upper extremity down to the first 3 digits of her left hand. Examination of the cervical spine revealed a positive left sided Spurling's test with tenderness and spasm over the left trapezius and cervical paraspinal muscles. Her diagnoses were cervical radiculitis and displacement of cervical intervertebral discs without myelopathy. The injured worker underwent a C5-6 ACDF in 08/2008. Other therapies included physical therapy, injections and exercises. The provider recommended C4-5 artificial disc replacement. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5 Artificial Disc Replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, online edition, Neck & Upper and Low Back Chapter, Disc Prosthesis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Disc Prosthesis.

Decision rationale: The request for a C4-C5 artificial disc replacement is not medically necessary. The Official Disability Guidelines state that artificial disc replacement or disc prosthesis is understudy. There is very little clinical literature demonstrating the efficacy of artificial disc replacement at an adjacent level to a 2 level surgical fusion. Without further evidence from the clinical literature establishing the safety and efficacy of this procedure as compared to the standard of treatment which would be an additional level of cervical fusion; necessity could not have been established for the surgical request. Given the information submitted for review, the request is not medically necessary.

Preoperative Clearance: Labs (unspecified): 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.

Preoperative Clearance: EKG: 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.

Preoperative Clearance: Chest Xray: Upheld

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

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative Clearance: History and Physical: 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.

Post-operative Physical Therapy 2-3 x per week for 3 months: Upheld

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

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 Prothesis

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Cervical 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 medically necessary, none of the associated services are medically necessary.