MAXIMUS Federal Services

Case Number:	CM14-0066211		
Date Assigned:	07/11/2014	Date of Injury:	11/15/2011
Decision Date:	08/19/2014	UR Denial Date:	04/25/2014
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 Spine Surgery and is licensed to practice in Texas. 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 51-year-old male who reported injury on 11/15/2011. The mechanism of injury was heavy lifting and repetitive motion. The prior treatments included activity modification, exercises, medications, physical therapy, stretching, work modification, and cervical selective nerve root blocks times two. The documentation of 01/14/2014 revealed the injured worker wished to proceed with surgical intervention. The documentation indicated the denial of 08/2013 was based upon the fact that a disc arthroplasty was not approved for two levels and the request was for two levels. The diagnosis included C5-6, C6-7 degenerative disc disease. It was documented that a two level disc arthroplasty was FDA approved on 08/23/2013; therefore, a second opinion would be requested. The documentation of 04/02/2014 revealed the injured worker had neck pain that was greater than the upper extremity pain. The pain was noted to be located in the interscapular, trapezius on the left side and midline. There were not right upper extremity complaints of pain relative to the spine. The pain location for the left arm was in the C6 and C7 distribution and it was aching. There were no neurological symptoms in the right upper extremity. However, in the left upper extremity there was numbness located in the pain distribution, tingling in the pain distribution, and weakness and constantly present but variable in distribution and intensity in severity. The physical examination revealed tenderness to palpation of the cervical spine. There was a slightly reduced range of motion. The Spurling's sign was positive on the right. The documentation indicated the injured worker had routine spine radiographs anteroposterior and lateral and the radiographs were performed on 02/06/2012. It was indicated the injured worker had a cervical spine magnetic resonance imaging (MRI) on 02/06/2012. The results were not provided. The diagnoses included cervical spondylosis with radiculopathy and/or myelopathy C5-6 and C6-7. The injured worker had achieved maximum benefit from conservative care and further nonoperative care would manage but not relieve

symptoms. The treatment requested was an anterior cervical discectomy and nerve root decompression with cervical total disc replacement at C5-6 and C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6, C6-7, Cervical arthroplasty, anterior cervical discectomy and nerve root decompression with cervical TDR at C5-6 and C6-7: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The ACOEM Guidelines indicate a referral for a surgical consultation may be appropriate for injured workers who have persistent, severe and disabling shoulder or arm symptoms, activity limitation for more than 1 month or with extreme progression of symptoms, and have clear clinical, imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both short and long-term and unresolved radicular symptoms after receiving conservative treatment. The clinical documentation submitted for review failed to provide documentation of imaging and electrophysiologic evidence. There was no MRI or EMG/NCV submitted for review. The documentation indicated the injured worker had failed conservative care. There were objective findings upon examination. Given the above, the request for C5-6, C6-7, cervical arthroplasty, anterior cervical discectomy and nerve root decompression with cervical TDR at C5-6 and C6-7 is not medically necessary.

Pre-operative laboratory evaluations: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic.

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.

Pre-operative CXR (chest x-ray): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic.

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.

Pre-operative EKG (electrocardiogram): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic.

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.