

Case Number:	CM14-0082676		
Date Assigned:	08/06/2014	Date of Injury:	11/07/2013
Decision Date:	09/12/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/04/2014

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 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:

This 42-year-old male roadside service technician with an industrial injury on 11/7/13. Injury occurred while pulling on a strap. The 12/11/13 cervical MRI impression documented listhesis in combination with degenerative disc and osteophyte disease, facet arthropathy, and ligamentum flavum redundancy contributing to moderate to severe C5/6 spinal canal stenosis. There were disc bulges with additional ventral cord effacement without canal narrowing at C3/4, C4/5, and C6/7 with no focal cord signal deformity. Uncovertebral spurring and facet arthropathy contributed to mild to moderate left C3/4, mild to moderate bilateral C4/5, moderate bilateral C5/6, moderate left and mild to moderate right C6/7, and mild to moderate bilateral C7T1 neuroforaminal stenosis. The 4/7/13 electrodiagnostic studies revealed bilateral median nerve compression at the wrist and normal EMG without evidence of acute or chronic cervical nerve root involvement. The 4/28/14 treating physician report cited constant, largely positional neck pain with numbness and tingling in the right index and ringer fingers. Pain increased in cervical extension and he had a feeling of weakness in the right arm. Conservative treatment was limited to medication and activity modification. He had not undergone any formal physical therapy or epidural injections. Physical exam documented non-antalgic gait, very positive Spurling, no focal motor deficits, and mild numbness in the small fingers. The MRI was reviewed and showed multilevel disc protrusions from C3/4 to C6/7 with severe bilateral foraminal stenosis at C5/6. The treatment plan recommended C5/6 artificial disc replacement given the areas of disc bulge and protrusion at adjacent levels. The 5/21/14 utilization review denied the C5/6 artificial disc replacement and associated requests as there was scant clinical evidence of nerve root compression and no evidence of myelopathy.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper 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.

Decision rationale: The California MTUS are silent regarding artificial disc replacement (ADR). The Official Disability Guidelines indicate that cervical ADR is under study. 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. There is an additional problem with the long-term implications of development of heterotopic ossification. 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 DDD who have failed at least six weeks of non-operative treatment and present with arm pain and functional/ neurological deficit. Guideline criteria have not been met. This patient presents with multilevel cervical degenerative disc disease which fails to meet the criteria of single level disease. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request is not medically necessary.

2 Day In-Patient 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.

Pre-Operative Labs: 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.

Pre-Operative Chest X-ray (CXR): 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.

Pre-Operative 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.

Pre-Operative Urinalysis: 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.

MSRA Screening: 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.

Cervical Aspen Brace: 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.

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.

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.