

Case Number:	CM14-0091311		
Date Assigned:	07/25/2014	Date of Injury:	07/08/2013
Decision Date:	10/17/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/16/2014

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 Surgeon 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 49-year-old female who reported injury on 07/08/2013. Prior therapies included cervical epidural steroid injections. Other therapies included chiropractic treatments and physiotherapy. The specific mechanism of injury was not provided. Prior surgical history included a right shoulder arthroscopy and a probably acromioplasty with a labral repair. The injured worker was noted to have treatment with acupuncture. The medications included ibuprofen 800 mg 1 to 2 tablets every 8 hours, tizanidine 4 mg 1 capsule every 6 hours and naproxen 250 mg tablets as well as lidocaine hydrochloride 2% topical cream, nabumetone 750 mg tablets and ondansetron 4 mg ODT. The other surgical history was noncontributory. The injured worker underwent an MRI of the cervical spine on 04/16/2014 which revealed at the level of C5-6 and C6-7 there was moderate central thecal sac stenosis of 7 to 8 mm AP related to 3 mm dorsal disc bulge with spur and congenitally short pedicles. There was bilateral moderate to severe neural foraminal stenosis related to uncovertebral and facet hypertrophy probably indenting or impinging the C6-7 exiting nerve roots. The injured worker underwent an MRI of the lumbar spine which was noncontributory. The injured worker underwent a cervical epidural steroid injection on 05/05/2014. The documentation of 05/20/2014 revealed the injured worker underwent 2 cervical epidural steroid injections which provided 2 weeks of improvement. The documentation indicated the injured worker was evaluated on 04/18/2014 and the physician diagnoses included disc protrusion at C5-6 and C6-7 and cervical spinal canal stenosis at C5-6 and C6-7 with associated bilateral neural foraminal stenosis and disc bulging at L4-5 and L5-S1. The injured worker stated her pain was interfering with her ability to work and her normal day to day activities. The physical examination revealed restricted range of motion. There was decreased sensation on the right. The discussion and treatment plan included the injured worker has failed conservative treatment to the cervical spine. The injured worker had severe pain in the

neck which had not responded to prior treatment. The MRI revealed disc protrusions at C5-6 and C6-7 with moderate to severe stenosis at C5-6 and C6-7. The request was made for a total disc arthroplasty at C5-6 and C6-7. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total disc arthroplasty C5-C6 C6-C7.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Disc Prosthesis

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have persistent, severe, and disabling shoulder or arm symptoms with activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical imaging and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. Additionally, the efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The clinical documentation submitted for review failed to document a recent exhaustion of conservative care. Electrophysiological evidence would not be necessary as the request was for a fusion. There was a lack of documentation indicating the injured worker had spinal instability on flexion and extension studies. There was a lack of documentation indicating the injured worker had objective findings upon examination to support instability. The MRI indicated the injured worker had findings that were probably indenting or impinging the C6-C7 exiting nerve roots. Given the above, the request for Total Disc Arthroplasty C5-6 and C6-7 is not medically necessary.

One 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.