

Case Number:	CM14-0098617		
Date Assigned:	07/28/2014	Date of Injury:	03/15/2013
Decision Date:	08/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/26/2014

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 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 36-year-old female who reported an injury on 03/15/2013. The mechanism of injury was not stated. Current diagnoses include cervical spine herniated nucleus pulposus, cervical spine degenerative disc disease and facet arthropathy, cervical radiculopathy and cervical myelopathy. The injured worker was evaluated on 06/06/2014 with persistent pain in the cervical spine. It is noted that the injured worker was awaiting authorization for an interlaminar epidural steroid injection and an artificial disc replacement. Previous conservative treatment includes chiropractic therapy, acupuncture and medication management. Physical examination revealed no acute distress, tenderness to palpation, limited range of motion, decreased sensation in the right C6-8 dermatomes, diminished strength in the right upper extremity, positive Hoffmann's testing and a positive Spurling's maneuver. Treatment recommendations included the continuation of the current medication regimen and an artificial disc replacement at C4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Artificial Disc Replacement at the Levels of C4-C5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines), Treatment Index, 11th Edition (WEB) 2013-Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Disc prosthesis.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that a referral for a surgical consultation is indicated for patients who have persistent and severe shoulder or arm symptoms; activity limitation for more than 1 month; clear clinical, imaging and electrophysiologic evidence of a lesion; and unresolved radicular symptoms. As per the documentation submitted, the injured worker has been treated with 3 sessions of physical therapy and chiropractic treatment. However, there is no evidence of an exhaustion of conservative care. There were no imaging studies or electrodiagnostic reports submitted for review. Furthermore, the Official Disability Guidelines state that disc prosthesis are currently under study. Based on the clinical information received and the above-mentioned guidelines, the request is not medically necessary.