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| Case Number: | CM14-0170753 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 02/16/2010 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/15/2014 |

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 Spine Surgery, and is licensed to practice in New York. 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 patient is a 52-year-old with a date of injury of February 16, 2010. The patient has chronic neck pain. The patient has had physical therapy and chiropractic care. Patient also had acupuncture. MRI the cervical spine from July 2014 shows previous cervical surgery with anterior fusion from C3-C5. There is multilevel degenerative disc condition. At C 5/6 there is a disc osteophyte complex. There is mild stenosis. The patient continues to have chronic pain. At issue is whether artificial disc replacement surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 anterior cervical disectomy with artificial disk replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS page 186 neck pain chapter, ODG neck chapter, FDA criteria.

Decision rationale: This patient had previous two-level fusion surgery. FDA criteria exclude previous fusion surgery for cases of artificial disc. FDA criteria only include single level

artificial disc replacement when all other levels of disc in the cervical spine are normal. Since this patient has had previous fusion surgery, then artificial disc replacement is contraindicated. FDA criteria not met. This procedure is experimental as long-term outcomes of artificial disc replacement in cases a previous cervical fusion remain unknown. Complications remain unknown. The surgery is not medically necessary.

1 day inpatient stay at [REDACTED]; / assistant surgeon; history and physical: 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)

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 op lab work : chest x-ray; EKG; UA: MRSA screen; spinal cord monitoring: 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)

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

Aspen cervical brace: 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)

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.