

Case Number:	CM14-0196187		
Date Assigned:	12/04/2014	Date of Injury:	05/03/2008
Decision Date:	01/27/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/24/2014

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 Occupational Medicine 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:

67 year old male claimant with an industrial injury dated 05/03/08. MRI dated 10/02/14 demonstrates a postoperative change at C3-4 with retrolisthesis at C2-3, C4-5, C5-6, and C6-7 with multilevel degenerative disc disease and facet arthropathy. There was also canal stenosis at C3-4, C4-5, C5-6, and C6-7 with neural foraminal narrowing at C2-3, C3-4, C4-5, C5-6, and C6-7. MRI notes degenerative disc disease at the proximal thoracic spine. Exam note 10/02/14 states the patient returns with arm weakness. The patient states experiencing numbness throughout the arms. Upon physical exam there was decreases sensation present in the C6-8 distributions. There were also deficient biceps, triceps, and brachioradialis reflexes noted. Treatment includes disc replacement arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery-disc replacement arthroplasty C3-4, C4-5, C5-6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, Disc prosthesis

Decision rationale: CA MTUS/ACOEM is silent on issue of disc replacement. According to the ODG, Neck section, disc prosthesis, is under study. It is not recommended as there are no long-term studies noting ongoing response reported following disc replacement. In addition artificial disc replacement is indicated for single level disease which is not present in the MRI report from 10/2/14. The guidelines do not support the requested multilevel procedure. The request for cervical disc replacement of the cervical spine is not medically necessary and appropriate.

Impatient x 5 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Assistant Surgeon: 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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op appointment: 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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.