MAXIMUS Federal Services

Case Number:	CM14-0200829		
Date Assigned:	12/11/2014	Date of Injury:	11/29/2012
Decision Date:	01/31/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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 34-year-old female who reported an injury while exercising on 11/29/2012. On 09/30/2014, her diagnoses included cervical disc bulge complex at C5-6, resulting in stenosis. Her complaints included persistent neck pain. Her cervical ranges of motion measured in degrees were flexion 45/50, extension 50/60, right rotation 42/80, left rotation 42/80, right lateral bending 25/45, and left lateral bending 35/45. The visit note stated that she had failed conservative management, which included physical therapy, NSAIDs, and cervical epidural steroid injections. An MRI from 07/15/2014 revealed mild posterior disc osteophyte complex at C5-6 with mild neural foraminal narrowing bilaterally. Electrodiagnostic testing on 0715/2014 revealed no evidence of cervical radiculopathy, brachial plexopathy, median or ulnar neuropathy. There was no rationale included in this injured worker's chart. A Request for Authorization dated 10/24/2014 for the surgery and the cervical collar only was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Disc Arthroplasty 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 (ODG)

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 request for Total Disc Arthroplasty C5-6 is not medically necessary. The Official Disability Guidelines note that cervical arthroplasty is under study, with recent promising results. 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 heterotrophic ossification. Additional studies are required to allow for a "recommended" status. The general recommended indications for currently approved cervical arthroplasty disc replacement devices are for patients with intractable symptomatic single level cervical degenerative disc disease who have failed at least 6 weeks of non-operative treatment and present with arm pain and functional/neurological deficit. At the current time, radiculopathy is an inclusion criteria for the FDA investigations of cervical arthroplasty. This injured worker had no complaints of upper extremity pain and radiculopathy was ruled out by MRI and EMG/NCS. The guideline criteria have not been met. Therefore, this request for Total Disc Arthroplasty C5-6 is not medically necessary.

Pre-Op Medical Clearance: 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.

A Cervical Collar: 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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: The request for a cervical collar is not medically necessary. The California ACOEM Guidelines note that the use of a cervical collar for more than 1 or 2 days is not recommended. Cervical collars have not been shown to have any lasting benefit, except for comfort in the first few days of the clinical course in severe cases; in fact, weakness may result from prolonged use and will contribute to debilitation. Immobilization using collars and prolonged periods of rest are generally less effective than having patients maintain their usual "pre injury" activities. The guidelines do not support its use. Therefore, the request for a cervical collar is not medically necessary.