

Case Number:	CM14-0202090		
Date Assigned:	12/12/2014	Date of Injury:	01/09/2003
Decision Date:	02/12/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/03/2014

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 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 54-year-old female with date of injury of January 9, 2003. She has chronic neck pain. She has a cervical MRI that shows no cord impingement or foraminal narrowing. The MRI shows minimal degenerative changes at C5-6. The patient is diagnosis cervical disc degeneration and cervical dystonia with migraine headaches and neck pain. At issue is whether a second opinion for artificial disc replacement is medically necessary. Also at issue is whether massage therapy is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Surgical Opinion for Cervical Disk Replacement: 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): 186. Decision based on Non-MTUS Citation ODG neck chapter.

Decision rationale: Criteria for total disc replacement cervical surgery not met. Specifically, this patient does not have any evidence of neural compression. There is no documented specific neurologic deficit that clearly correlate with imaging study showing specific compression of the

nerve roots or the spinal cord. Since criteria for cervical disc arthroplasty are not met, then referral for second opinion for cervical arthroplasty not medically necessary.

6 Massage Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG neck chapter.

Decision rationale: Guidelines do not recommend the use of massage therapy for chronic neck pain. Additionally, the medical records do not clearly delineate exactly what conservative measures the patient has had for the treatment of chronic neck pain. Massage therapy is not recommended for the treatment of chronic neck pain. The long-term efficacy of massage therapy has not been documented in the medical literature. It is not medically necessary.