

Case Number:	CM15-0002914		
Date Assigned:	01/14/2015	Date of Injury:	06/08/2013
Decision Date:	04/01/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Neurological Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60-year-old female on June 8, 2013 reported a neck injury after a trip and fall. The diagnoses have included spur at C5-C6 with early disc herniation and spondylosis. Treatment to date has included failed physical therapy, chiropractic, acupuncture and cervical block at C5-C6 on November 21, 2014. X-ray of cervical spine on November 10, 2014 revealed degenerative disk disease at C5-6, slight degenerative anterolishesis of C4 on C5 and no abnormal movement with flexion and extension. Currently, the IW complains of neck and shoulder pain, she has pain moving her head to the left and right and sometimes experiences a flare up in from her back to her right shoulder, the pain is described as a burning sensation down the neck to the upper back and sharp intermittent pain in the shoulder. On December 16, 2014 Utilization Review non-certified a IMR for review of cervical disc arthroplasty with one level corpectomy, and Magnetic resonance imaging (MRI) of cervical spine, noting Medical treatment utilization schedule (MTUS) guidelines and Official Disability Guidelines (ODG) was cited. On December 16, 2014, the injured worker submitted an application for IMR for review of cervical disc arthroplasty with one level corpectomy, and Magnetic resonance imaging (MRI) of cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Disc Arthroplasty with 1 Level Corpectomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179,183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-Disc prosthesis.

Decision rationale: The ODG guidelines indicate that cervical arthroplasty is under study and not yet recommended. The California MTUS guidelines indicate cervical surgery would only be considered if there is evidence of severe spinovertebral pathology. Documentation shows this is not the case. The patient's x-rays 11/12/2014 do not show any evidence of neural foraminal narrowing or major spinal stenosis, which would be a rationale for a cervical corpectomy and nerve root decompression. Moreover, the guidelines recommend that the patient have severe debilitating symptoms with physiologic evidence of a specific nerve root or spinal cord dysfunction corroborated with appropriate images. This patient does not have evidence of a specific C 6 radiculopathy. Thus the requested treatment: Cervical Disc arthroplasty with 1 level corpectomy is not medically necessary and appropriate.

MRI of the cervical spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-Magnetic resonance imaging.

Decision rationale: The ODG guidelines note that MRI scans of the cervical spine are not recommended unless the patient with neck pain has neurologic signs and symptoms present or a progressive neurologic deficit. This patient has had neck pain going to the shoulder and only slight degenerative disc changes, without progressive deficit. The patient has not had x-rays suggesting ligamentous injury and she has no myelopathic findings. Thus the requested treatment: MRI of the cervical spine is not medically indicated and appropriate.