

Case Number:	CM15-0003050		
Date Assigned:	01/13/2015	Date of Injury:	05/13/2004
Decision Date:	03/19/2015	UR Denial Date:	12/05/2014
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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic 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:

The injured worker is a 52-year-old female, with a reported date of injury of 05/13/2004. Her diagnosis includes cervical disc syndrome, cervical radiculopathy, cervical spine central canal stenosis, C3-C4 through C6-C7 neural foraminal stenosis, C4 on C5 ventral subluxation, and C5 on C6 retro subluxation. Treatments have included multiple sessions of physical therapy, pain medications, anti-inflammatory medications, muscle relaxant medications, and an MRI of the cervical spine on 11/01/2014 and 08/19/2013. There are no records of the physical therapy visits. In a neurosurgical re-evaluation note dated 11/05/2014, her treating physician reported that the injured worker complained of ongoing neck pain with radiation to the shoulders with weakness to the left hand. The physical examination of the cervical spine showed tenderness to palpation over the paracervical muscles bilaterally, decreased and painful range of motion, limitation in all ranges, and diminished sensation along the left C6 and C7 dermatome distributions on the left to pinwheel and light touch. The treating physician requested a two-level total disc arthroplasty at C5-C6 and C6-C7 due to the injured worker's failure to respond to conservative treatment measures. On 12/05/2014, Utilization Review denied the request for a two-level disc arthroplasty at C5-C6 and C6-C7 between 11/13/2014 and 02/15/2015, noting that the request is inappropriate. The MTUS ACOEM Guidelines and Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

One two-level total disc arthroplasty at C5-C6 and C6-C7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Neck, Topic: Disc Prosthesis

Decision rationale: The injured worker has multiple level degenerative changes on the MRI scan, maximum at C5-6 and C6-7 associated with clinical evidence of radiculopathy. There is also documentation of instability.. Although artificial disc replacement is approved by FDA for 1 and 2 level disease, ODG guidelines recommend artificial disc replacement exclusions in the presence of evidence of facet arthritis, spinal instability or significant deformity, multilevel pathology, axial neck pain as the solitary presenting symptom, osteoporosis/osteopenia, spinal stenosis by hypertrophic spondylo-arthritis, severe spondylosis defined as bridging osteophytes, and loss of disc height greater than 50% or absence of motion at less than 2%, active infection, material allergies, presence of underlying comorbid diseases such as HIV, hepatitis B or C, insulin-dependent diabetes, and/or immune spondyloarthropathies such as rheumatoid arthritis and morbid obesity with BMI more than 40. Per primary treating physicians neurosurgical supplemental report dated October 28, 2014 the i.w. continued with neck pain with radiation of pain to the shoulders with left hand weakness and numbness as well as back pain that radiated down the left lower extremity with weakness after performing training exercise where the i.w. lifted a 300 pound person, as well as a motor vehicle accident while in a police cruiser. Examination revealed limited cervical and lumbar range of motion with motor weakness to the left hand. X-rays revealed subluxation instability upon flexion and extension of C4 on C5. Based upon the documentation of instability, the request for cervical disc arthroplasty at C5-6 and C6-7 is not supported by guidelines and the multiple level disease is also a relative exclusion. As such, the request for cervical disc replacement at C5-6 and C6-7 is not supported and the medical necessity is not substantiated.