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| Case Number: | CM15-0103832 | | |
| Date Assigned: | 06/10/2015 | Date of Injury: | 09/10/2011 |
| Decision Date: | 07/10/2015 | UR Denial Date: | 04/28/2015 |
| Priority: | Standard | Application Received: | 05/29/2015 |

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:

The injured worker is a 41 year old male with an industrial injury dated 09/10/2011. The injured worker's diagnoses include left carpal tunnel syndrome, status post left carpal tunnel release performed on 10/24/2014, C5-6 and C6-7 herniated nucleus pulposus and cervical stenosis with left upper extremity cervical radiculopathy. Treatment consisted of diagnostic studies, prescribed medications, series of cervical epidurals, therapy and periodic follow up visits. In a progress note dated 03/25/2015, the injured worker reported continued neck pain radiating into his left arm and hand. Physical exam revealed slight forward position of head and neck and increasing pain in the left shoulder and left arm with extension of the neck or extension/rotation to the left side, noted to be significant for a positive Spurling sign. Diffuse weakness in left hand of long finger extensors and wrist flexor, suggestive of C6-C7 type of dermatome and dense numbness in the left thumb, index and long finger were also noted on exam. The treating physician reported that the x-rays revealed some mild degenerative changes at C5-C7, otherwise no evidence of bony abnormalities. The treating physician prescribed services for C5-6 anterior cervical artificial disk placement, C6-7 anterior cervical artificial disk replacement, one day inpatient hospital stay, assistant surgeon, spinal cord monitoring during surgery, H&P for surgery clearance, preoperative labs, preoperative chest x-ray, preoperative EKG, preoperative UA MRSA screen and Aspen neck brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 anterior cervical artificial disk placement: 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 (ODG), Neck and Upper Back Complaints, Disc prosthesis.

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-Disc prosthesis.

Decision rationale: The ODG guidelines do not recommend more than a single level cervical disc replacement. The guidelines note that the FDA criteria for disc replacement are a single level for degenerative disc disease. The requested treatment: C5-6 anterior cervical artificial disk placement is combined with a request for an additional level. The requested treatment: C5-6 anterior cervical artificial disk placement is NOT Medically necessary and appropriate.

C6-7 anterior cervical artificial disk replacement: 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 (ODG), Neck and Upper Back Complaints, Disc prosthesis.

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-Disc prosthesis.

Decision rationale: The ODG guidelines do not recommend more than a single level cervical disc replacement. The guidelines note that the FDA criteria for disc replacement are a single level for degenerative disc disease. The requested treatment: C6-7 anterior cervical artificial disk placement is combined with a request for an additional level. The requested treatment: C6-7 anterior cervical artificial disk placement is NOT Medically necessary and appropriate.

Associated surgical services: One day inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Associated surgical services: Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Associated surgical services: Spinal cord monitoring during surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Associated surgical services: H&P for surgery clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Preoperative labs (type not stated): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Preoperative CXR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Preoperative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Preoperative UA and MRSA screening: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Associated surgical services: Aspen neck brace: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.