

Case Number:	CM15-0109492		
Date Assigned:	06/16/2015	Date of Injury:	08/08/2012
Decision Date:	07/17/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/08/2015

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 49 year old male, who sustained an industrial injury on 8/8/12. He reported neck pain radiation between his shoulder blades, as well as numbness in the ulnar 2 digits of both hands. The injured worker was diagnosed as having cervical herniated nucleus pulposus, cervical pain, cervical degenerative disc disease, and stenosis. Treatment to date has included physical therapy, epidural steroid injections, and spinal fusion. Currently, the injured worker complains of weakness and pain in both arms and neck. The treating physician requested authorization for C4-5 disc replacement arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5 disc replacement arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-180.

Decision rationale: 1 The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating, upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide corroboration for a C4-5 disc replacement. The ODG guidelines note that the FDA has approved single level disc prosthesis for single level degenerative disease. This patient has already had multiple cervical fusions for his multilevel cervical spondylosis. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested Treatment: C4-C5 disc replacement arthroplasty is NOT Medically necessary and appropriate.