

Case Number:	CM15-0131923		
Date Assigned:	07/20/2015	Date of Injury:	01/22/2013
Decision Date:	08/19/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/08/2015

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 45 year old female, who sustained an industrial injury on 01/22/2013. She has reported injury to the neck. The diagnoses have included cervical spondylosis without myelopathy; spinal stenosis in cervical region; brachial neuritis; and arthralgia of the pelvic region and thigh. Treatment to date has included medications, diagnostics, epidural steroid injection, and physical therapy. Medications have included Norco, Tramadol ER, Celebrex, Fexmid, and Prilosec. A progress report from the treating provider, dated 05/11/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of cervical spine pain; radiating pain right greater than left, pain down the arm to forearm and both hands with numbness and tingling; she is feeling pain and weakness in the right and left arms; gait/balance has been deteriorating; and she is dropping objects from her dominant right hand, with handwriting deterioration. Objective findings included tender trapezius bilaterally; strength testing of the major muscles innervated by the cervical spine is graded at 5/5, except right deltoid 4/5, left deltoid 4+/5, and right biceps 4/5; deep tendon reflexes of the upper and lower extremities are symmetrical, and graded at 2/4; sensory testing for pain (pinprick), light touch, and vibration of the upper arm is diminished over the right deltoid and biceps; and MRI shows severe stenosis at C4-5, and moderate to severe at C3-4, the two levels above her prior fusions C5-7. The treatment plan has included the request for C3-4, C4-5 anterior discectomy and total disc arthroplasty, possible fusion; spinal bone autograft; assistant surgeon; associated surgical service: inpatient stay for 1 day; and associated surgical service: cervical soft collar.

IMR ISSUES, DECISIONS AND RATIONALES

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

C3-4, C4-5 Anterior Discectomy and Total Disc Arthroplasty; Possible Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180 and 181.

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 cervical disc prosthesis is under study according to the ODG guidelines. They note that the FDA approved single level disc prosthesis in patients who have single level disease. Documentation shows the request is for a multi-level arthroplasty and the patient has had two prior fusions which do not meet the criteria for this request. The requested treatment: C3-4, C4-5 Anterior Discectomy and Total Disc Arthroplasty; Possible Fusion is not medically necessary and appropriate.

Spinal Bone Autograft: 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.

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 Service: Inpatient stay for 1 day: 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 Service: Cervical Soft Collar: 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.