

Case Number:	CM15-0190944		
Date Assigned:	10/05/2015	Date of Injury:	07/05/2015
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/28/2015

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: California, Oregon, Washington
 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 53 year old female, who sustained an industrial-work injury on 7-5-15. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy. Treatment to date has included pain medication, physical therapy (unknown amount), acupuncture (unknown amount), epidural steroid injection (ESI), home exercise program (HEP) and other modalities. The physician indicates that the Magnetic resonance imaging (MRI) of the cervical spine dated 7-5-15 reveals a small amount of spurring posterior to the lefty side with mild encroachment upon the left neural foramina C6-C7, disc protrusion posterior to the left and results in canal stenosis. Medical records dated (8-19-15 to 9-2-15) indicate that the injured worker complains of constant pain in the left scapula, left arm and fingers with numbness, tingling and weakness in the left hand and fingers. The pain is rated 7.5-8 out of 10 on the pain scale which has been unchanged. The pain increases with activity and is alleviated some with medications and ice. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 9-2-15 the work status is modified. The physical exam dated 9-2-15 reveals decreased cervical range of motion with significant left upper extremity symptoms such as a surge of pain into the left upper arm and forearm. There is muscle tenderness and tightness in the upper trapezius, levator scapula and paravertebral muscles. The physician indicates that surgical intervention is recommended. The request for authorization date was 9-2-15 and requested service included cervical disc arthroplasty. The original Utilization review dated 9-10-15 non-certified the request for Cervical disc arthroplasty as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical disc arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Neck & Upper Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck section, disc prosthesis.

Decision rationale: CA MTUS/ACOEM is silent on issue of disc replacement. According to the ODG, Neck section, disc prosthesis, is under study. It is not recommended as there are no long-term studies noting ongoing response reported following disc replacement. In addition artificial disc replacement is indicated for single level disease which is not present in the MRI report from 7/5/15. The guidelines does not support the requested procedure. The request for cervical disc replacement of the cervical spine is not medically necessary and appropriate.