

Case Number:	CM15-0028412		
Date Assigned:	02/20/2015	Date of Injury:	08/28/2012
Decision Date:	04/22/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/16/2015

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

Certification(s)/Specialty: Pediatrics, 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 51-year-old male who reported an injury on 08/28/2012. The mechanism of injury involved heavy lifting. The current diagnoses include neck pain and right arm pain. The injured worker presented on 12/16/2014 for an evaluation with complaints of persistent cervical spine pain. The injured worker was status post cervical epidural injection. Additionally, the injured worker had been previously treated with physical therapy. Upon examination, there was 5/5 motor strength in the upper extremities, intact sensation, and 1+ symmetrical deep tendon reflexes. The injured worker had full range of motion without any associated abnormality. Recommendations at that time included a cervical anterior discectomy and fusion versus total disc arthroplasty. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical total disc arthroplasty at C5-6: 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); Neck and Upper Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Disc Prosthesis.

Decision rationale: The Official Disability Guidelines state disc prosthesis is currently under study. While comparative studies with anterior cervical fusion yield similar results, the expectation of a decrease in adjacent segment disease development in long term studies remains in question. The median length of stay following an artificial disc replacement includes 1 day. The current request for a 2 day inpatient stay would exceed guideline recommendations. However, given that the Official Disability Guidelines do not recommend a cervical disc prosthesis as it is currently under study, the request is not medically appropriate at this time.

2 Day Inpatient 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.