

Case Number:	CM15-0212729		
Date Assigned:	11/03/2015	Date of Injury:	01/11/2011
Decision Date:	12/16/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/29/2015

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, Montana, California
 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 37 year old female who sustained an industrial injury on 01-11-2011. She noted major improvement after disc replacement (07-31-2014) but has residual neck pain with limitations. She complains of right greater than left neck and shoulder pain with spasming. In provider notes of 06-25-2015, her pain level was a 3 on a scale of 0-10 with the worst pain she experiences being an 8 on a scale of 0-10. Her pain is described as cramping or aching with activity, and with sitting in front of a computer. She had pain relief with ibuprofen but it caused gastrointestinal distress. A recent MRI (08-19-2015 revealed a C4-5 and C6-7 displacement. She has been treated with epidural injections, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, muscle relaxants, and opiates. At the provider visit of 10-13-2015, the physician recommended a C4-5 total disc arthroplasty for diagnoses of C4-5 herniated nucleus pulposus. A request for authorization was submitted for: 1. C4-5 Total Disc Arthroplasty. 2. Post-operative Cervical X-Rays x3. 3. Associated Surgical Service: Cervical Collar. 4. Post-operative Physical therapy x 12 sessions (2 times a week for 6 weeks). 5. Pre-op CBC with Diff 6. Pre-op CMP. 7. Pre-op PT. 8. Pre-op PTT. 9. Pre-op Urinalysis. 10. Pre-op Exam with EKG. A utilization review decision 10-16-2015 non-certified the surgery and accompanying requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-5 Total Disc Arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Neck & Upper Back Procedure Summary Online Version.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-Disc prosthesis.

Decision rationale: 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. 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. Documentation does not provide this evidence. The ODG guidelines note the disc replacement is under study. The FDA approved the disc replacement for single level disease. Patient has multiple level diseases and thus does not meet those criteria. The requested treatment: C4-5 Total Disc Arthroplasty is not medically necessary and appropriate.

Post-operative Cervical X-Rays x3: 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 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.

Post-operative Physical therapy x 12 sessions (2 times a week for 6 weeks): 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.