

Case Number:	CM15-0034132		
Date Assigned:	02/27/2015	Date of Injury:	03/01/2007
Decision Date:	05/01/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/23/2015

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 49-year-old male who reported an injury on 03/01/2007. The mechanism of injury was not provided. The diagnoses included cervical disc degeneration, cervicgia, and brachial radiculitis. Prior treatment included a bilateral L5 and S1 decompression, L5-S1 fusion on 09/21/2010, and a left C6-7 selective nerve root block on 12/17/2014. The injured worker underwent a nerve conduction study of the bilateral upper extremities on 06/17/2010 which revealed a normal electromyogram. The documentation indicated in comparison with an 11/13/2008 study the injured worker did not display radiculopathy at C6. The injured worker was noted to undergo bilateral carpal tunnel releases on 01/24/2011. The injured worker underwent an MRI of the cervical spine without contrast on 10/21/2014 which revealed at the level of C5-6, there was minimal degenerative disc disease with a 1 mm broad posterior disc osteophyte riding which indented the anterior CSF space. The overall AP canal diameter remained widely patent at 11.5 mm. The neural foramina were widely patent at this level. At the level of C6-7, there was disc osteophyte riding and uncovertebral joint arthrosis that was accentuated posterior laterally bilaterally at C6-7 and it was noted to cause relatively severe bilateral neuro foraminal narrowing. The documentation of 01/14/2015 revealed the injured worker did not have significant relief with the cervical epidural steroid injection and remained symptomatic. The injured worker described symptoms of neck pain, bilateral shoulder pain, and hand numbness. The injured worker's medications included hydrocodone/acetaminophen 10/325 mg. The physician reviewed the MRI and opined there was a 3 to 4 disc herniation with C5-6 and C6-7 degenerative disc disease that was the worst at C6-7. The physician further opined the

findings at C3-4, C5-6, and C6-7 had progressed since a prior study in 2012. The physician further opined the C4-5 disc appeared normal. The treatment plan included a C5-6 and C6-7 disc replacement. There was a Request for Authorization submitted for review dated 01/21/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 C6-7 disc replacement with Medtronic Prestige LP Disc: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Neck chapter, Disc prosthesis.

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 indicate that Cervical Disc replacement is under study, with recent promising results in the cervical spine, but not recommended in the lumbar spine. The general indications for currently approved cervical-ADR devices (based on protocols of randomized-controlled trials) are for patients with intractable symptomatic single-level cervical DDD who have failed at least six weeks of non-operative treatment and present with arm pain and functional/ neurological deficit. At least one of the following conditions should be confirmed by imaging (CT, MRI, X-ray): (1) herniated nucleus pulposus; (2) spondylosis (defined by the presence of osteophytes); & (3) loss of disc height. The clinical documentation submitted for review failed to indicate the injured worker had herniated nucleus pulposus, spondylosis, or loss of disc height upon MRI findings. Given the above, the request for C5-6 C6-7 disc replacement with Medtronic Prestige LP disc is not medically necessary.

Length of stay (LOS) - 2 days inpatient (IP): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Neck chapter, Disc prosthesis.

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.