

Case Number:	CM15-0038909		
Date Assigned:	03/09/2015	Date of Injury:	02/20/2014
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/02/2015

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: Oregon, 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 50-year-old female who reported an injury on 02/20/2014. The injured worker was walking beside another employee, when an additional employee threw his arms the injured worker lifting himself and placing all of his weight on top of her shoulders. The injured worker indicated that she did not fall to the ground; however, developed immediate pain in her neck, between her shoulder blades, her low back, and knees. The current diagnoses include cervical discopathy at C5-7 with radiation into the upper extremities, lumbar degenerative scoliosis, cervicogenic headaches, and bilateral upper extremity numbness and tingling. The injured worker presented on 01/19/2015 for an initial orthopedic evaluation. It was noted that the injured worker was initially treated with physical therapy. Prior injections had been recommended along with aquatic therapy; however, the injured worker had not begun treatment. The injured worker presented with complaints of persistent neck pain with stiffness, instability, muscle tension, numbness, and tingling radiating into the right elbow and left hand. The current medication regimen includes tramadol, Flexeril, and Voltaren. Upon examination of the cervical spine, there was tenderness from C1-7, bilateral upper trapezius and middle rhomboid tenderness, 40 degrees flexion, 50 degrees extension, 30 degrees right lateral bending, 25 left lateral bending, 65 degrees right rotation, 60 degrees left rotation, 5/5 motor strength in the upper extremities, decreased sensation in the bilateral upper extremities, 2+ deep tendon reflexes, and negative Spurling's maneuver. X-rays obtained in the office revealed no evidence of instability on flexion or extension views with a straightening of normal cervical lordosis consistent with spasm. Recommendations at that time included a cervical fusion versus disc replacement at C5-6

and C6-7. A Request for Authorization form was submitted on 01/30/2015. The official MRI of the cervical spine dated 08/05/2014 was also submitted for review, and indicated moderate to severe foraminal stenosis on the left at C5-6 and left greater than right at C6-7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Artificial Disc Replacement C5-C6-C7: 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), Treatments in Workers Comp 19th edition, 2014 Updates: Neck and Upper Back 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 state disc prosthesis is currently under study, with recent promising results in the cervical spine, but not recommended in the lumbar spine. The injured worker has been issued authorization for an anterior cervical discectomy and fusion at C5-6 and C6-7. The medical necessity for the current request has not been established. The request was previously denied, as a disc replacement surgery would not be supported as the multilevel disease would be an exclusion for the procedure. There were no exceptional factors noted, nor additional information provided addressing the reason for the prior denial. The injured worker was referred for a course of aquatic therapy and an epidural steroid injection; however, there was no indication that the injured worker completed the recommended course of conservative therapy. In the absence of an exhaustion of conservative management, a surgical intervention is not supported. Given the above, the request is not medically appropriate at this time.

Inpatient Stay (2-days): 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.