

Case Number:	CM15-0050738		
Date Assigned:	03/24/2015	Date of Injury:	04/16/2007
Decision Date:	05/06/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/17/2015

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: Illinois, California, Texas
 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 52-year-old male who sustained an industrial injury on 4/16/07. The mechanism of injury was not documented. Past medical history was positive for depression and gastrointestinal bleeding likely due to non-steroidal anti-inflammatory drug use. The 4/18/12 cervical spine MRI impression documented slight progression of C4/5 changes now with effacement of the CSF space dorsally as well as indentation of the ventral thecal sac. There were multilevel, multifactorial changes of the cervical spine with neuroforaminal stenosis. There were anterior disc osteophyte complex, loss of disc height, and disc desiccation with endplate irregularity at C5/6 and C6/7. The 4/18/12 cervical x-rays documented degenerative changes from C3/4 to C6/7. There was minimal retrolisthesis of C4 on C5. The 2/16/15 treating physician report cited continued moderate to severe cervical pain with left upper extremity radiculopathy that was very limiting. Physical examination documented cervical tenderness and spasms, left upper extremity dysesthesias to the radial forearm, left triceps and brachioradialis hyporeflexia, positive left Spurling's test, and normal gait. MRI findings showed spondylosis throughout the cervical spine. There was a large central disc herniation at C4/5 that indented the thecal sac and abutted the cord with some collapse at this level. There was a left C6/7 disc herniation and T1/2 central disc herniation. The most recent flexion/extension x-rays showed good mobility at C4/5 but near ankyloses at C5/6 and C6/7. The diagnosis was cervical intervertebral disc displacement without myelopathy, cervical intervertebral disc degeneration, and cervical intervertebral disc disorder with myelopathy. The treatment plan recommended arthroplasty at C4/5 to preserve motion at this level as a fusion would leave him with almost a 3-level loss of mobility given his

C5/6 and C6/7 findings. Authorization was requested for C4/5 total disc arthroplasty with post-operative physical therapy 2 times per week for 6 weeks. The 2/25/15 utilization review non-certified the request for C4/5 total disc arthroplasty and associated surgical services, including post-op physical therapy 2x6, as there were multilevel multifactorial degenerative changes of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy for the Cervical Spine 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM, 2009, Pain Suffering, and the Restoration of Function Chapter.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California Post-Surgical Treatment Guidelines do not provide specific recommendations for artificial disc replacement. Guidelines suggest a general course of 16-24 post-operative visits during the 6-month post-surgical treatment period for a diagnosis of cervical intervertebral disc degeneration or displacement. An initial course of therapy would be supported for one-half the general course or 8-12 visits. This request for 12 initial post-op physical therapy visits would be generally consistent with guidelines. However, the medical necessity of the associated surgical request for artificial disc replacement in view of multilevel degenerative disc disease has not been established. Therefore, this request is not medically necessary.