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| Case Number: | CM14-0123893 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 07/24/2011 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 07/21/2014 |
| Priority: | Standard | Application Received: | 08/05/2014 |

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in . 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58 year old female who had a work related injury on 07/24/11. The injured worker describes her injury as being hit on the right side of her face by a baseball. The injured worker noticed discomfort in the neck as well as in the face. The injured worker was seen at the [REDACTED]. She was managed conservatively. The injured worker reports she had possibly an epidural steroid injection to which she reacted in a bad way. The most recent medical record submitted for review is dated 08/25/14. It is noted that the injured worker has self-procured sessions of the bio orthonomy treatment and feels it has helped her manage her pain on a daily basis. It has not made much change in her ability to function. The injured worker is concerned about the possibility of significant reinjury should she be involved with some type of trauma such as a car accident. The injured worker has on and off radiating symptoms down her right arm. The injured worker had recent cervical spine magnetic resonance image. Sleep remains disturbed. Visual analog scale is rated 4-7/10. Neck disability index score is 60%. Physical examination no acute distress. Gross neck motion movement is unguarded. Mild paracervical spasm with myofascial tenderness is unchanged. No significant interval change in cervical range of motion limited to about 60 degrees of normal. Continue with positive cervical facet loading maneuvers. Spurling's maneuver remains positive on the right. The injured worker is neurologically unchanged. Cervical magnetic resonance image dated 02/07/14, shows diffused degenerative and hypertrophic changes with disc bulge throughout mid and lower cervical levels. Moderately severe central canal stenosis at C5-6 with moderate narrowing at C4-5. Multi-level neuroforaminal narrowing appears severe on the left at C5-6. Mild vertebral body offsets at C4-5. Repeat cervical magnetic resonance image dated 07/17/14 shows multi-level degenerative disc disease of the cervical spine. Minimal disc bulge without disc herniation at C3-4 with central canal stenosis. C4-5 shows grade 1 retrolisthesis of C4 on

C5. C5-6 posterior disc osteophyte complex/protrusion measuring 2-3mm effacing the anterior subarachnoid space resulting in moderate central canal stenosis. C6-7 posterior disc osteophyte complex measuring 2mm effacing the anterior subarachnoid space resulting in mild canal stenosis. Diagnoses chronic cervical sprain/strain with disc pathology and right radiculitis. Prior utilization review on 07/21/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Peer to peer discussion regarding the denial of anterior cervical discectomy with PCM cervical TDR C4-5, C5-6, and C6-7 to be performed at [REDACTED], Assistant surgeon, Pre-op appointment and Spinal cord monitoring by [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Guidelines: [fda.gov/Medical Devices](http://fda.gov/MedicalDevices).

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

Decision rationale: The request for anterior cervical discectomy with PCM cervical total disc replacement (TDR) C4-5, C5-6, and C6-7 to be performed at [REDACTED], Assistant surgeon, Pre-op appointment and Spinal cord monitoring by [REDACTED] is not medically necessary. The Food and Drug Administration has only approved cervical TDR for 2 level not 3 level. Therefore medical necessity has not been established. The request therefore is not medically necessary and appropriate.