

Case Number:	CM14-0144908		
Date Assigned:	09/12/2014	Date of Injury:	09/28/2011
Decision Date:	11/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/08/2014

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 Emergency Medicine and is licensed to practice in California. 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 46 year-old male, who sustained an injury on September 28, 2011. The mechanism of injury occurred when he was struck by a beam. Diagnostics have included: May 9, 2014 cervical MRI reported as showing C5-6 retrolisthesis and disc osteophyte complex effacing the ventral CSF and mildly indenting the spinal cord with spurring and facet disease producing moderate spinal canal stenosis and moderate-severe left neuroforaminal stenosis; C6-7 retrolisthesis with central disc osteophyte complex with spurring and facet disease producing moderate spinal canal stenosis and moderate bilateral neuroforaminal stenosis. Treatments have included: medications, home exercise, traction. The current diagnoses are: cervical degenerative disc disease at C5-6 with central and foramina narrowing, cervical facet syndrome, right ulnar neuropathy at the elbow and right C7 radiculopathy. The stated purpose of the request for One to two day inpatient C5-C6 and C6-C7 arthroplasty, two level disc replacement with intraoperative neurological warning, was to treat neck pain. The request for One to two day inpatient C5-C6 and C6-C7 arthroplasty, two level disc replacement with intraoperative neurological warning, was denied on August 14, 2014, noting that CA MTUS is silent and ODG noted a lack of long-term studies to support the efficacy of two level replacement. Per the report dated July 22, 2014, the treating physician noted complaints of neck and right arm pain with numbness and tingling, and dropping objects. Exam findings included a positive right-sided Hoffman sign, decreased right fourth and fifth digit sensation, hyperactive left-sided biceps reflex, weakness to right-sided finger abductors and digital and wrist flexors. The treating physician also noted that the injured worker was a smoker and smoking cessation was recommended, and recommended a two-level arthroplasty to obviate the need for a bone graft harvest and avoid the risk of nonunion inherent in smokers. Per the report dated August 7, 2014, the treating physician noted a request for cervical facet injections. Per the report dated August

14, 2014, the treating physician noted that he had referenced the rationale for a two-level arthroplasty as opposed to fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

One to two day inpatient C5-C6 and C6-C7 arthroplasty, two level disc replacement with intraoperative neurological warning: 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)

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

Decision rationale: The injured worker has neck and right arm pain with numbness and tingling, and dropping objects. The treating physician has documented a positive right-sided Hoffman sign, decreased right fourth and fifth digit sensation, hyperactive left-sided biceps reflex, weakness to right-sided finger abductors and digital and wrist flexors. ODG noted that further long-term studies are needed to produce a recommended status for this surgical procedure. ODG noted "Implant of a total disc requires intact ligaments, integrity of the facet joints, vertebral bodies with intact endplates and good bone quality" - these details have not been documented in this case. ODG also noted that a suggested exclusion is the presence of facet arthritis, which is documented in this case. The criteria noted above not having been met, One to two day inpatient C5-C6 and C6-C7 arthroplasty, two level disc replacement with intraoperative neurological warning, is not medically necessary.