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| Case Number: | CM14-0178292 | | |
| Date Assigned: | 10/31/2014 | Date of Injury: | 06/17/1994 |
| Decision Date: | 12/08/2014 | UR Denial Date: | 10/16/2014 |
| Priority: | Standard | Application Received: | 10/27/2014 |

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 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:

According to the records made available for review, this is a 48-year-old female with a 6/17/94 date of injury. At the time (7/9/14) of request for authorization for C4-C5 artificial disc replacement with [REDACTED] at [REDACTED], there is documentation of subjective (neck pain radiating to shoulder blades associated with numbness and tingling in both hands) and objective (decreased range of motion with pain, positive Spurling's test, and 1+ right biceps reflex) findings, imaging findings (MRI of the cervical spine (2/26/14) report revealed at the C4-5 there is a 2-3 mm disc osteophyte complex asymmetric to the right paracentral/foraminal region with minimal narrowing of the central canal and minimal foraminal narrowing on the right), current diagnoses (C4-5 and C5-6 disc protrusion with neuroforaminal narrowing and cervical cord narrowing stenosis with kyphotic deformity at C4-5 and C5-6), and treatment to date (medications, acupuncture, chiropractic therapy, and physical therapy). There is no documentation of imaging findings (nerve root compression or moderate or greater central canal, lateral recess, or neural foraminal stenosis) that correlate with nerve root involvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5 Artificial Disc Replacement with [REDACTED] at [REDACTED]:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

MAXIMUS 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 & Upper back, Artificial Disc Replacement and Discectomy/Laminectomy/Laminoplasty.

Decision rationale: MTUS reference to ACOEM guidelines identifies that surgical consultation/intervention is indicated for patients who have: Persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms after receiving conservative treatment. ODG identifies documentation of a condition/diagnosis (such as: intractable symptomatic single-level cervical DDD) with supportive subjective/objective findings of arm pain and functional/neurological deficit at the requested level(s), failure of conservative treatment, and imaging (CT, MRI, X-ray) findings (herniated nucleus pulposus; spondylosis; and/or loss of disc height), to support the medical necessity of artificial disk replacement. Within the medical information available for review, there is documentation of diagnoses of C4-5 and C5-6 disc protrusion with neuroforaminal narrowing and cervical cord narrowing stenosis with kyphotic deformity at C4-5 and C5-6. In addition, there is documentation of failure of conservative treatment. Furthermore, given documentation of subjective (neck pain radiating to shoulder blades associated with numbness and tingling in both hands), and objective (1+ right biceps reflex) findings, there is documentation of symptoms (pain in a nerve root distribution) which confirm presence of radiculopathy and objective findings (reflex changes) that correlate with symptoms. However, despite documentation of imaging findings (MRI of the cervical spine identifying that at the C4-5, there is a 2-3 mm disc osteophyte complex asymmetric to the right paracentral/foraminal region with minimal narrowing of the central canal and minimal foraminal narrowing on the right), there is no documentation of imaging findings (nerve root compression or moderate or greater central canal, lateral recess, or neural foraminal stenosis) that correlate with nerve root involvement. Therefore, based on guidelines and a review of the evidence, the request for C4-C5 artificial disc replacement with [REDACTED] at [REDACTED] [REDACTED] is not medically necessary.