

Case Number:	CM14-0092737		
Date Assigned:	08/08/2014	Date of Injury:	06/13/2013
Decision Date:	05/13/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/19/2014

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. 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: 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 51-year-old male who reported an injury on 06/13/2013. The mechanism of injury involved heavy lifting. The current diagnoses include herniated nucleus pulposus at C5-6, left upper extremity radiculopathy/radiculitis, worsening upper extremity neurological changes, and left shoulder cuff pathology. The injured worker presented on 06/02/2014 for a follow-up evaluation with regard to worsening neck and left upper extremity pain. It was noted that the injured worker had been previously treated with physical therapy, modifications of activities, bracing and pain management. It was also noted that the injured worker had been previously treated with a shoulder steroid injection with caused a rise blood glucose over 500. Upon examination of the cervical spine there was tenderness to palpation at C5-6 with a paraspinal muscle spasm and guarding, limited range of motion secondary to pain, 60% of normal flexion, 40% of normal extension, 50% of normal side to side bending, 4/5 motor weakness bilaterally, 3/5 grip strength in the left upper extremity, decreased sensation in the left C6 distribution, absent bilateral brachioradialis reflexes and positive Spurling's maneuver. Recommendations at that time include a C5-6 disc replacement. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Cervical Disc Replacement at C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-181.

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: According the Official Disability Guidelines, disc prosthesis is currently under study. While comparative studies with anterior cervical fusion yield similar results, the expectation of a decrease in adjacent segment disease development in long-term studies remains in question. Additional studies are required to allow for a recommended status. Although it is noted that the injured worker has exhausted conservative treatment with ongoing neck and left upper extremity symptoms, the current request for a cervical disc replacement surgery would not be supported, as there are no quality studies to support the safety and effectiveness of this procedure. Given the above, the request is not medically appropriate at this time.

Neurologic Intraoperative Monitoring: 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.

Consultation Perioperative Monitoring: 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.

Physical Therapy-Post-Operative (12-sessions, 2 times a week for 6 weeks): 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.

Repeat EMG (Electromyography) Post-Operatively: 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.

Repeat NCV (nerve conduction study) Post-Operatively: 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.

Pre-Operative Medical Clearance: 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.

Post-Operative Cervical Brace: 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.