

Case Number:	CM15-0011662		
Date Assigned:	01/29/2015	Date of Injury:	11/09/2014
Decision Date:	03/18/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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 41 year old female, who sustained an industrial injury on 11/9/2014. The patient reported a sudden onset of symptoms waking up at work that morning after working six 24-hour shifts in a row as a fire engineer. The 12/8/14 cervical spine MRI revealed right lateral extruded disc herniation at C6/7 with significant attenuation of the distal right lateral recess with the disc abutting the ventral root at the junction of the lateral recess and proximal foramen. There was no compromise of the central cord or spinal canal. The remainder of the cervical disc levels showed no focal herniations or significant bulges. According to the secondary treating physician's progress report dated 12/12/2014, the injured worker had complaints of pain, weakness and numbness in the right arm to the hand. Physical exam revealed right triceps weakness and numbness in the right ring and small fingers. The diagnosis was C6/7 disc herniation. Authorization was requested for C6-7 artificial disc replacement, preoperative medical clearance and postoperative physical therapy. Records indicated that she was taking Aleve and Hydrocodone, and had been taken off work. On 12/22/2014, Utilization Review (UR) non-certified a request for C6-7 artificial disc replacement surgery, preoperative medical clearance including possible chest x-ray and electrocardiogram and postoperative physical therapy for cervical spine Quantity 12, noting the lack of objective evidence of failure of conservative treatment for at least six weeks. The ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 artificial disc replacement surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Head, Disc Prosthesis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and upper back: disc prosthesis

Decision rationale: The California MTUS are silent regarding artificial disc replacement. The Official Disability Guidelines indicate that disc prostheses are under study. Additional studies are required to allow for a recommended status. Guidelines state that there is an increasing interest in spinal arthroplasty as an alternative to fusion in conjunction with cervical discectomy, but at this time there are no comparative studies of ADR with other treatment modalities besides fusion. The general indications for currently approved cervical-ADR devices (based on protocols of randomized-controlled trials) are for patients with intractable symptomatic single-level cervical DDD who have failed at least six weeks of non-operative treatment and present with arm pain and functional/ neurological deficit. Guideline criteria have not been met. This patient presents with an acute cervical disc herniation. There was no evidence of degenerative disc disease. Guidelines state that there are no studies comparing artificial disc replacement to fusion in conjunction with cervical discectomy for herniation. Detailed evidence of 6 weeks of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Given the absence of guideline support for artificial disc replacement over anterior cervical discectomy and fusion, this request for C6/7 artificial disc replacement surgery is not medically necessary.

Pre operative medical clearance including possible chest x-ray, EKG and labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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 physical therapy for cervical spine qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

