

Case Number:	CM15-0126789		
Date Assigned:	07/13/2015	Date of Injury:	08/10/2014
Decision Date:	08/06/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/30/2015

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: California, Indiana, Oregon
 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 53 year old female who sustained an industrial injury on 08/10/2014. Mechanism of injury was not documented. Diagnoses include cervical herniated nucleus pulposus, cervical stenosis, cervical degenerative disc disease C5-6, and C6-7, neck pain and cervical radiculopathy right worse than left. Treatment to date has included diagnostic studies, medications, physical therapy with no significant relief, and a transforaminal epidural steroid injections with little relief. Current medications include Norco, Robaxin, Metaxalone, Gabapentin, Tramadol, Mobic, Lorazepam, Duloxetine, Losartan Potassium, and Levothyroxine Sodium. An unofficial Electromyography done on 05/19/2015 showed right biceps and brachioradialis denervation consistent with a L5-6 radiculopathy. An unofficial report of cervical flexion/extension done on 05/18/2015 revealed very mild degenerative change at C5-C6 and C6- C7. An unofficial Magnetic Resonance Imaging of the cervical spine done on 11/29/2014 showed disc disease with severely affected level is C5-6 where there is severe central stenosis. A physician progress note dated 06/04/2015 documents the injured worker has neck pain and numbness in her right arm. She rates her pain as 9 out of 10 on the Visual Analog Scale, which has been present since 08/10/2014. She has limited range of motion of the cervical spine, and there are diminished triceps reflexes, bilaterally. There is subjective hypoesthesia in the right hand. Treatment requested is for 1 cervical disk replacement at the C5-C6 and C6-C7 levels, and associated surgical service: 1 day inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical disk replacement at the C5-C6 and C6-C7 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back.

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

Decision rationale: CA MTUS/ACOEM is silent on issue of disc replacement. According to the ODG, Neck section, disc prosthesis, is under study. It is not recommended as there are no long-term studies noting ongoing response reported following disc replacement. In addition artificial disc replacement is indicated for single level disease. In this case the request is for a two level disc arthroplasty which is not supported by the referenced guidelines. Based on this the request is not medically necessary.

Associated surgical service: 1 day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.