

Case Number:	CM15-0039034		
Date Assigned:	03/09/2015	Date of Injury:	10/25/2013
Decision Date:	04/15/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	03/02/2015

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: New York

Certification(s)/Specialty: Neurological 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 39 year old male, who sustained an industrial injury on 10/25/2013. He has reported neck pain. The diagnoses have included cervical sprain/strain; and bilateral shoulder sprain/strain. Treatment to date has included medications, TENS unit, physical therapy, exercise, cervical epidural steroid injection, surgical intervention. A progress note from the treating physician, dated 01/08/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of ongoing neck pain with only limited improvement of neck pain following the cervical epidural injection. Objective findings included tenderness at the C4 through C7 level as well as right upper trap, as well as right interscapular region. The treatment plan has included surgical intervention and the request for C5-C6 Hardware Removal and Placement of Artificial Disc Device at C4-C5 and C6-C7; Associated Surgical Service: Assistant Surgeon/PA; Pre-Operative Medical Clearance (Labs: CMP, CBC, PT, PTT; and UA, EKG, Chest x-ray); Associated Surgical Service: Inpatient Hospital Stay (2-days); and Associated Surgical Service: Soft Cervical Collar, due to adjacent level disc C4-C5 and C6-C7 disc herniation, and failed physical therapy and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 Hardware Removal and Placement of Artificial Disc Device at C4-C5 and C6-C7:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Neck & Upper Back Procedure Summary.

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 Low Back Chapters, disc prosthesis and hardware removal.

Decision rationale: The ODG guidelines do not recommend multilevel cervical disc device placement which go against the FDA guidelines. The ODG guidelines do recommend hardware be removed if it is broken or in association with non-union and infection. The record does not indicate this is evident for this patient. Thus the requested treatment: C5-6 hardware removal and placement of artificial disc device at C4-5 and C6-7 is not medically necessary and appropriate.

Associated Surgical Service: Assistant Surgeon/PA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: C5-6 hardware removal and placement of artificial disc device at C4-5 and C6-7 is not medically necessary and appropriate, then the Requested Treatment: Associated Surgical Service: Assistant Surgeon/PA is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: C5-6 hardware removal and placement of artificial disc device at C4-5 and C6-7 is not medically necessary and appropriate, then the Requested Treatment: Associated Surgical Service: Assistant Surgeon/PA is not medically necessary and appropriate.

Pre-Operative Medical Clearance (Labs: CMP, CBC, PT, PTT; and UA, EKG, Chest x-ray): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: C5-6 hardware removal and placement of artificial disc device at C4-5 and C6-7 is not medically necessary and appropriate, then the Requested Treatment:: Pre-Operative Medical Clearance (Labs: CMP, CBC, PT, PTT; and UA, EKG, Chest x-ray) is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: C5-6 hardware removal and placement of artificial disc device at C4-5 and C6-7 is not medically necessary and appropriate, then the Requested Treatment: Pre-Operative Medical Clearance (Labs: CMP, CBC, PT, PTT; and UA, EKG, Chest x-ray) is not medically necessary and appropriate.

Associated Surgical Service: Inpatient Hospital Stay (2-days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Upper Back & Neck Procedure Summary; Hospital Length of Stay (LOS) Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: C5-6 hardware removal and placement of artificial disc device at C4-5 and C6-7 is not medically necessary and appropriate, then the Requested Treatment: Associated Surgical Service: Inpatient Hospital Stay (2-days) is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: C5-6 hardware removal and placement of artificial disc device at C4-5 and C6-7 is not medically necessary and appropriate, then the Requested Treatment: Associated Surgical Service: Inpatient Hospital Stay (2-days) is not medically necessary and appropriate.