

Case Number:	CM15-0062640		
Date Assigned:	04/16/2015	Date of Injury:	04/23/2012
Decision Date:	05/22/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/02/2015

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 56 year old, male who sustained a work related injury on 4/23/12. The diagnoses have included cervical spondylosis and cervical degenerative disc disease. Treatments have included medications, topical cream, physical therapy, acupuncture, TENS unit therapy, home exercise program, electrodiagnostic studies, MRIs and a cervical epidural injection. In the PR-2 dated 3/10/15, the injured worker complains of neck pain. He rates this pain an 8/10. The treatment plan mentions that the injured worker has an upcoming consultation with another physician to discuss further operative management.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 level Cervical Disc Arthroplasty with Pro Disc: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back - Disc Prosthesis.

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

Decision rationale: he ODG guidelines not that the cervical disc replacement is under study. They note that the FDA approved disc arthroplasty in the treatment of a single level cervical radiculopathy. The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating. upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The documentation does not comply with the guidelines. The requested treatment: 3 level Cervical Disc Arthroplasty with Pro Disc is NOT Medically necessary and appropriate.