

Case Number:	CM15-0069264		
Date Assigned:	04/16/2015	Date of Injury:	11/09/2012
Decision Date:	06/03/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/13/2015

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 34-year-old male who sustained an industrial injury on 11/09/12. Injury was reported when he was pulling wire at work and had the onset of significant neck pain. Records indicated that a C4/5 anterior cervical discectomy and fusion was recommended in the 1/27/15 treating physician report for pain and numbness in a C5 distribution that had failed to respond to conservative treatment, including physical therapy. The 3/12/15 cervical spine MRI impression documented chronic posterior wedging (10%) at C6 with mild degenerative disc disease at C5/6. There was mild spinal cord flattening at C4/5 without stenosis. There was mild spinal cord flattening at C5/6 with stenosis and mild bilateral foraminal stenosis. At C6/7, there was mild central canal stenosis and mild bilateral foraminal stenosis. The 3/16/15 treating physician report cited persistent neck pain radiating down the left arm with pain and numbness in the C6 distribution. Physical exam documented a positive Spurling's test with lateral neck rotation to the right and 4/5 biceps weakness. The treatment plan recommended artificial disc replacement at C5/6 to avoid adjacent segment disease at C4/5 and C6/7 where there was moderate degenerative disc disease. Authorization was requested for cervical disc arthroplasty at C5/6 and 18 sessions of post-operative physical therapy. The 3/31/15 utilization review non-certified the request for cervical disc arthroplasty at C5/6 based on absence of guidelines support and failure to meet guidelines criteria relative to nerve root compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5/6 Disk Arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 179-181.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck 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. 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. And there is an additional problem with the long-term implications of development of heterotopic ossification. Additional studies are required to allow for a "recommended" status. 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. There is limited guidelines support for the use of cervical ADR with additional studies required to allow for a recommended status. This patient presents with multilevel cervical degenerative disc disease which fails to meet the criteria of single level disease. Therefore, this request is not medically necessary.

Post-operative physical therapy, three times a week for six 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.

Length of stay (LOS): 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.