

Case Number:	CM15-0099069		
Date Assigned:	06/02/2015	Date of Injury:	04/24/2014
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/22/2015

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:

This 49 year old female sustained an industrial injury to the neck, upper extremity and right knee on 4/24/14. Previous treatment included magnetic resonance imaging, physical therapy (24 sessions), chiropractic therapy (20 sessions), massage and medications. Magnetic resonance imaging cervical spine showed disc protrusion and multilevel cervical discopathy at C4-7. Electromyography/nerve conduction velocity test (8/28/14) showed left C6-7 radiculopathy. In an orthopedic initial evaluation dated 10/29/14, the physician noted that the injured worker was a candidate for surgical intervention with recommendation for cervical spine disc replacement versus cervical spine fusion. In an office visit dated 5/1/15, the injured worker complained of increased cervical spine pain with radiation to the left arm associated with weakness, tingling and sharp shooting pains into the fingers. The injured worker reported that her symptoms had worsened despite conservative care and now wanted to proceed with surgery. Current diagnoses included chronic posttraumatic cervical and left upper extremity radiculopathy. The treatment plan included C6-7 total disc replacement, computed tomography myelogram to confirm C6-7 as the predominant left sided pathology with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical CT (computed tomography) myelogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-Disc prosthesis, myelography.

Decision rationale: 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. Moreover, the guidelines recommend the patient be encouraged to engage a strengthening program before considering surgery. Documentation does not provide this evidence. The ODG guidelines do not recommend myelography unless the patient cannot have a MRI scan which is not the case in this patient. The ODG guidelines note recommended indications for disc replacement is single level degenerative disc disease which this patient does not have. The guidelines note the patient would have failed a trial of conservative therapy. Documentation does not provide this evidence. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Cervical CT (computed tomography) myelogram is not medically necessary and appropriate.

C6-7 Prodisc, total disc replacement: 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 & Upper Back (updated 11/18/14)- Online Version, Disc prosthesis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter-Disc prosthesis.

Decision rationale: 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. Moreover, the guidelines recommend the patient be encouraged to engage a strengthening program before considering surgery. Documentation does not provide this evidence. The ODG guidelines note recommended indications for disc replacement is single level degenerative disc disease which this patient does not have. The guidelines note the patient would have failed a trial of conservative therapy. Documentation does not provide this evidence. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: C6-7 Prodisc, total disc replacement is not medically necessary and appropriate.

Associated surgical services: Preoperative labs: 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.

Associated surgical services: Surgical assistant: 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.