

<b>Case Number:</b>	CM13-0019857		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/30/2008
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 46-year-old female who was injured on 05/30/08. Recent clinical records for review include a 09/11/13 progress report with [REDACTED] indicating current diagnosis of C5-6 disc herniation with C6-7 radiculopathy, cervicalgia and chronic medial and lateral epicondylitis to the right elbow. Specific to her neck, she is with continued complaints of pain for which she states a recent request by [REDACTED] had recommended an anterior cervical discectomy and fusion at C4-5 and C5-6 versus a disc replacement procedure. Objectively at present, there was restricted cervical range of motion with tenderness to palpation and a neurologic examination that showed a right C6 dermatomal hypoesthesia to pinprick, equal and symmetrical reflexes, and 5/5 upper extremity motor tone bilaterally. As stated at that time, anterior cervical discectomy and fusion versus disc replacement procedure at two levels had been recommended. Prior imaging includes a cervical MRI from 10/11/12 that shows the C5-6 level to be with a mild broad based disc protrusion without cord impingement or neural compressive finding. The C4-5 level is with a 1 to 2 central mm disc protrusion with no cord impression or stenotic findings noted. Nerve conduction studies performed to the upper extremities on 09/04/12 were documented to show bilateral C6-7 radiculopathy. The claimant is noted to have failed significant conservative care. As stated anterior cervical discectomy and fusion at C5-6 with disc replacement procedure at C4-5 is being recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-6 ACDF and C4-5 total disc replacemen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-191.

**Decision rationale:** Based on California MTUS Guidelines and supported by Official Disability Guidelines criteria, the role of the proposed procedure to include an anterior cervical discectomy and fusion with possible disc replacement procedure at the C4-5 and C5-6 levels is not supported. While the claimant's electrodiagnostic studies and imaging demonstrate an anatomic process at the C5-6 level, the C4-5 level does not appear to be with any degree of compressive pathology noted on imaging or electrodiagnostic study to support the role of the surgical process. Given the nature of the two level requests as well as a request for disc replacement procedure, which is still not strongly supported by Official Disability Guidelines, particularly in the setting of a multilevel cervical procedure, the role of surgical intervention in this case cannot be supported