

<b>Case Number:</b>	CM13-0030012		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	04/19/2010
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgeon 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 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/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 injured worker is a 51-year-old female who reported an injury on 04/19/2010. The mechanism of injury involved a fall. Current diagnoses include cervical radiculopathy, lumbar radiculopathy, and C5-6 disc herniation with osteophyte formation and retrolisthesis. The injured worker was evaluated on 08/05/2013. The injured worker reported persistent cervical spine pain with right arm radicular complaints. Physical examination revealed severely restricted cervical and lumbar range of motion and diminished sensation in the right upper extremity in the C6 and C7 distribution. Treatment recommendations at that time included authorization for a total disc arthroplasty at C5-6. It is noted that the injured worker underwent an MRI of the cervical spine on 06/13/2013 which indicated a 3 mm central disc protrusion with minimal retrolisthesis and minimal spinal stenosis at C5-6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TOTAL DISC ARTHROPLASTY AT C5-C6: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Discentomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

**Decision rationale:** Neck and Upper Back Complaints ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have persistent, severe, and disabling shoulder or arm symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and unresolved radicular symptoms after receiving conservative treatment. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment prior to the request for a surgical procedure. Additionally, Official Disability Guidelines state disc prosthesis for the cervical spine is currently under study. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.

**2 TO 3 DAY POST-OPERATIVE INPATIENT HOSPITAL STAY:** 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.