

<b>Case Number:</b>	CM13-0033525		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/12/2009
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 New Hampshire, New York, and Washington. 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:

At issue is whether two-level cervical disc replacement is medically necessary. The patient has a date of injury of August 12, 2009. He is a 60-year-old male. He sustained a neck injury and he complains of chronic neck pain and headaches with radiation of pain into his right arm. He has numbness of his ulnar 3 digits. The mechanism injury occurred when he fell off a ladder onto his head. He was recently treated with massage. Epidural steroid injections were suggested but the patient denied these. Physical examination reveals decreased sensation in the middle and index finger of the right upper extremity. There are absent right brachial radialis and biceps tendon reflexes. CT scan of the cervical spine performed on July 9, 2013 reveals C4-C5 uncovertebral hypertrophy with mild to moderate canal narrowing and moderate facet hypertrophy. At C5-C6 there is also mild to moderate canal stenosis. There is marked facet hypertrophy and disc protrusion at C5-6. MRI from June 11, 2013 identifies C2-C6 disc protrusions with a large protrusion at C5-C6 with a ventral cord deformity. More foraminal narrowing at C3 through C6 is also noted. Cervical spine x-rays from August 2013 showed degenerative disc condition at both C4-C5 and C5-C6. At issue is whether two-level cervical disc replacement is medically necessary at this time. Physical Therapy is not documented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Level Disc Replacement (C4-5 and C5-6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Cervical and Thoraxis Spine Disorders + OKU #9 update and THE ACC/AHS 2007 Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cervical and Thoracic Spine Disorders.

**Decision rationale:** This patient does not meet established criteria for cervical disc replacement at this time. The MRI specifically identifies posterior facet hypertrophy indicative of facet joint degeneration both at the C4-C5 and C5-C6 levels. Facet joint degeneration is a relative contraindication to cervical artificial disc replacement. In addition, cervical artificial disc replacement at 2 separate spinal levels is considered multilevel artificial disc replacement surgery. The FDA has approved cervical disc replacement for surgery at only one spinal level. Cervical artificial disc replacement at multiple levels remains experimental at this time. In addition, the medical records do not clearly document trial and failure of significant conservative measures to include physical therapy. Cervical artificial disc replacement is not medically necessary in this patient.

**3 day 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.

**. A pre-op visit (95941 X 5):** 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

**Surgery pre-op blood work:** 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.

**. Cervical collar surgery:** 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.