

<b>Case Number:</b>	CM13-0054027		
<b>Date Assigned:</b>	04/09/2014	<b>Date of Injury:</b>	08/08/2012
<b>Decision Date:</b>	07/01/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 Surgery, has a subspecialty in Spine 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 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:

This is a 49 year old male patient s/p injury 8/8/12. He has a history of cervical disc disease with fusion at C3, C4, and C5 over ten years ago. He has a history of chronic neck pain with records dating back to 2012 documenting cervical complaints. He has been treated with medications, physical therapy, previous cervical fusion. 1/8/14 progress note stated that the patient has neck pain radiating down to the shoulder blades with numbness in both hands and feet. No physical examination was noted. A recommendation was made for MRI scan and EMG along with disc replacement surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C6-7 DISC REPLACEMENT.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The CA MTUS states that surgical consultation/intervention is indicated for patients who have: Persistent, severe, and disabling shoulder or arm symptoms, activity

limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms after receiving conservative treatment. However, there are no imaging/diagnostic studies included for review. The recent course of conservative care is not clearly described. Clinical evaluation with a comprehensive neurological examination is not provided. Additionally, ODG states that cervical disc prosthesis is under study. The request is not medically necessary.