

<b>Case Number:</b>	CM13-0058582		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	11/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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:

This 45-year-old patient has a date of injury of 9/3/13 and has been treated for neck and arm pain. He carries a diagnosis of severe cervical spondylosis with associated stenosis. There is cord compression at the C5-6 level and severe foraminal stenosis at the C6-7 level on the MRI dated 9/23/13. Examination performed on 10/11/13 documented ongoing complaints of neck and arm pain. Examination demonstrates findings of a left C6 and C7 radiculopathy problem and ongoing issues related to myelopathy. A C5 through C7 total disc arthroplasty was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CERVICAL C5-C7 TOTAL DISC ARTHROPATHY, INPATIENT STAY X 3 DAYS:**

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp: 18th Edition; 2013 Updates; Chapter Neck and Upper back: Disc Prosthesis.

**Decision rationale:** The CA MTUS ACOEM Guidelines document that artificial cervical disc replacement is moderately recommended as a treatment for sub acute or chronic radiculopathy or myelopathy in select patients with symptomatic cervical radiculopathy with or without myelopathy that is resistant to at least 6 weeks of non-operative care. The ACOEM Guidelines recommend caution for this procedure in younger patients "as there are no reports of long-term follow-up (10 to 20 years) after this surgery." If one looks toward the Official Disability Guidelines disc prostheses section of the neck chapter, single total disc replacement for the cervical spine is under study because there may be issues related to long term implications of development of heterotypic ossification. Additional studies are required to allow for a recommended status. This patient is only 45 years of age. Both guidelines make recommendations for a one level disc replacement surgery. This request is for two level disc arthropathy which is not commented upon by either ACOEM or ODG Guidelines. ODG also only recommends a one day inpatient stay for one level disc replacement without complications. Based upon the claimant's age, the absence of long term studies to support the efficacy for one level disc replacement in younger patients, the fact that this request is for two level disc replacement surgery with three day inpatient stay, the request for cervical C5 through C7 total disc arthroplasty with an inpatient stay of three days cannot be certified in this case.