

<b>Case Number:</b>	CM13-0068082		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/03/2007
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 York. 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 53-year-old female who has neck pain. She also has chronic pain. On physical examination she has reduced range of motion of the neck. There is weakness of grip in the left hand. There is weakness of left wrist extension and wrist flexion. The patient has been diagnosed with chronic neck pain and bilateral pain. She has back pain but she reports that her symptoms in her back are tolerable. MRI of the cervical spine from August 2013 shows chronic degenerative cervical arthritis with some spinal stenosis on the left at C4-5 bilaterally at C5-6 and C6-7. There is no severe spinal stenosis. There is no fracture. Spinal cord is not impinged. Treatment has consisted of chiropractic care which provided temporary relief, 2 epidural steroid injections without improvement. At issue is whether two-level cervical artificial disc replacement surgery is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-7 DISC REPLACEMENT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG),

## NECK PAIN CHAPTER-ARTIFICIAL DISC, NECK PAIN-CERVICAL DECOMPRESSION SURGERY.

**Decision rationale:** The ODG guidelines on cervical artificial disc replacement surgery are not met. In addition, MTUS guidelines for cervical decompression and fusion surgery are not met. Artificial disc replacement surgery is not medically necessary in this employee because the employee does not have documented radiculopathy on physical examination that clearly correlates with nerve root compression on cervical imaging studies. In fact the employee's cervical MRI does not show any evidence of severe stenosis. The patient's physical exam does not show evidence of myelopathy or specific radiculopathy. There is no documented instability in the cervical spine. Furthermore, with regard to FDA established criteria for cervical disc replacement, this employee does not meet FDA criteria because the employee has documented 3 levels of cervical arthritis. The FDA hasn't proved cervical artificial disc replacement in only one level of the cervical spine and when all of the remaining levels are normal and without evidence of arthritis. The ODG and FDA criteria for cervical artificial disc replacement are not met.

**ASSISTANT SURGEON:** 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.

**PRE-OP CLEARANCE:** 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.