

<b>Case Number:</b>	CM14-0001327		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	04/20/2009
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	12/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Emergency Medicine and is licensed to practice in New York, New Hampshire 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:

The patient is a 48 year old female with a long history of neck and low back pain. She has had previous low back surgery and had a motor vehicle accident that resulted in C3-4 level fracture dislocation. She has neck pain that radiates to both arms. She has had some success with acupuncture treatments and epidural steroid injection. Diagnosis include anterolisthesis at c3-4 from fracture, C5-6 disk herniation and stenosis with radiculopathy. She had c3-4 fusion surgery and c5-6 decompression surgery in 2011. MRI shows small disk protrusion at c5-6 in the region of the previous surgery With previous c3-4 fusion and multiple levels of disc protrusions in the cervical spine (c4-c7). At issue is whether or not cervical artificial disk replacement surgery is medically needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Two (2) Day Inpatient Stay:** Upheld

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

**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; FDA approval write-up for cervical artificial disc replacement indications; The

Incidence of Potential Candidates for Total Disc Replacement among Lumbar and Cervical Fusion Patient Populations. Quirno M, Gol

**Decision rationale:** Because the surgery is contraindicated and not medically necessary, then all other associated items are not needed.

**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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck pain chapter; FDA approval write-up for cervical artificial disc replacement indications; The Incidence of Potential Candidates for Total Disc Replacement among Lumbar and Cervical Fusion Patient Populations. Quirno M, Gol

**Decision rationale:** Because the surgery is contraindicated and not medically necessary, then all other associated items are not needed

**C5-6 and C6-7 Cervical artificial disc replacement, spinal cord monitoring:** Upheld

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

**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; FDA approval write-up for cervical artificial disc replacement indications; The Incidence of Potential Candidates for Total Disc Replacement among Lumbar and Cervical Fusion Patient Populations. Quirno M, Gol

**Decision rationale:** This patient does not meet established criteria for cervical artificial disc replacement surgery. The patient has 3 documented contraindications based on FDA approval criteria. One is the presence of a previous cervical fusion at c3-4 level. The other contraindication is the previous decompressive surgery that is documented at C5-6. The last contraindication is the presence of multiple levels of cervical disc bulges and degeneration present on the latest cervical mri imaging study. All 3 are contraindications to artificial disc surgery in the cervical spine.