

<b>Case Number:</b>	CM14-0007710		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/09/2010
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 and is licensed to practice in Mississippi. 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:

The records reflect that this 50-year-old individual sustained a neck injury dating back to September, 2010. The current diagnosis is listed as cervical disc displacement. A progress note dated December, 2013 reported that the request for cervical spine surgery was not certified in the preauthorization process and there was no overall improvement in the clinical condition. The physical examination noted a decrease in cervical spine range of motion. Deep tendon reflexes were symmetric throughout the bilateral upper extremities, motor function was under be 5/5 and almost the groups and there was a restricted range of motion of the left shoulder. It was noted that there was a disc bulge, a history of shoulder surgery and a cervical radicular syndrome. The medications Naprosyn and Norco were prescribed. The progress note from October, 2013 notes constant moderate pain in the cervical spine with activity. There is occasional sensory changes in the bilateral upper extremities noted. A markedly limited range of motion of the cervical spine is noted. Weakness and a weakness in the C5 distribution is also identified. Treatment to date has included conservative care, multiple epidural steroid injections (with no noted efficacy), physical therapy, chiropractic care and not have demonstrated any efficacy. Long-term use of opioid medications is also noted. A 4 mm disc herniation is noted on MRI. This is associated with disc desiccation and canal stenosis. The MRI of the cervical spine completed on December 6, 2011 notes a 2 mm disc bulge at C4-C5 and a 2 mm bulge at C6-C7. Cervical spondylosis is also noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CERVICAL DISC ARTHROPLASTY:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166 & 179.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, 179.

**Decision rationale:** The criterion as outlined in the ACOEM guidelines for such a surgical intervention would require some acute or chronic radiculopathy due to ongoing nerve root compression. While the progress notes indicate a 4 mm disc bulge, the initial MRI noted a 2 mm disc bulge and subsequent MRI (November 13, 2012) noted a 4 mm bulge. There was no overt evidence of electrodiagnostic assessment of a verifiable radiculopathy presented in the records reviewed. Reference is made to early nerve conduction studies showing possible minimal nerve root involvement. It is also noted that in January 2014 the clinical data necessary for this request was submitted and certification issued. It would be my opinion that there is sufficient clinical information presented to support the surgical intervention for the ordinary disease of life degenerative process. The request is medically necessary.

**NORCO 10MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** When noting the pathology objectified on imaging study and electrodiagnostic assessment, tempered by the certification of the requested surgical intervention, there is a clinical indication for continued use of this analgesic medication. The request is medically necessary.