

<b>Case Number:</b>	CM14-0009632		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	01/11/2011
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Orthopaedic 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:

The injured worker is a 36-year-old female who was injured on January 11, 2011. The most recent progress note, dated January 10, 2014, indicates the injured worker has severe neck pain with upper extremity numbness and radiating pain into the right upper extremity. The original injury is pain secondary to a motor vehicle accident. Physical therapy and medication management has been attempted as well as massage therapy with little to no relief. The physical examination documents positive Spurling sign, no myelopathy, but dysesthesias in a dermatomal distribution. Previous magnetic resonance imaging (MRI) cervical spine from 2011 demonstrates a large disc herniation at C5-6. The utilization review in question was rendered on January 21, 2014. The reviewer noncertified the request for a C5-6 total disc arthroplasty and the associated neurophysiological monitoring during the procedure and a one-day postoperative stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-C6 TOTAL DISC ARTHROPLASTY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The American College of Occupational and Environmental Medicine (ACOEM) guidelines support the use of disc arthroplasty as a treatment for subacute or chronic radiculopathy, but not in the setting of isolated nonspecific cervical pain or other spinal pain syndromes. Based on the clinical documentation provided, the injured worker has a documented large disc herniation towards the right side at C5-6 causing severe foraminal stenosis and likely compressing the exiting right C6 nerve root. Additionally, the injured worker is documented as having radicular symptoms on examination and a positive Spurling sign. As such, the request is considered medically necessary.

**ONE DAY INPATIENT STAY:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back; Hospital Length of Stay

**Decision rationale:** The Official Disability Guidelines (ODG) recommends a one day postoperative stay following artificial disc replacement. Based on clinical documentation provided, the requested operative intervention has been found to be medically necessary. As such, the requested postoperative hospital stay is also necessary.

**INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING.:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Intraoperative Neurophysiological Monitoring

**Decision rationale:** The requested operative intervention has been found to be medically necessary. As such, according to Official Disability Guidelines (ODG), the requested intraoperative neurophysiological monitoring is also considered medically necessary given that this is not a low risk procedure.