

<b>Case Number:</b>	CM14-0015798		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/20/2011
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Surgeon 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 54-year-old male who reported an injury on 07/20/2011 due to a fall which ultimately resulted in cervical spine fusion at the C4-6 on 02/19/2013. The injured worker had persistent pain complaints and left-sided numbness and tingling following the procedure. The injured worker was evaluated on 12/24/2013. It was documented that the injured worker had 4/5 muscle strength in the right triceps and left wrist extensors and left deltoid with improving sensation in the right hand. It was noted that the injured worker underwent an MRI on 12/24/2013 of the cervical spine that documented there was C3-4 disc protrusion impinging the thecal sac. An x-ray was also done on that day that documented degenerative disc disease at the adjacent level of the fusion site at the C3-4. The injured worker's diagnoses included C3-4 stenosis and C4-6 anterior cervical discectomy and fusion on 02/19/2013. The injured worker's treatment plan included artificial disc replacement at the C3-4 to address the injured worker's adjacent segment disease symptoms. The injured worker was again evaluated on 01/22/2014. It was documented that the surgical intervention had previously been denied and would be appealed. However, no new clinical documentation or physical findings were included to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C3-4 DISC REPLACEMENT SURGERY:** 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 and Upper Back Chapter, Disc Prosthesis.

**Decision rationale:** The requested C3-4 disc replacement surgery is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not specifically address this request. The Official Disability Guidelines recommend surgical intervention for the cervical spine for FDA approved cervical ADR devices for patients who have a loss of disc height and/or herniated nucleus pulposus identified on an imaging study. The clinical documentation did include an MRI dated 12/24/2013 of the cervical spine that identified a loss of disc height at the C3-4. Therefore, in this clinical situation, a disc replacement would be supported. However, as this surgical intervention is only recommended to be executed with FDA approved devices, identification of the intended disc replacement device would be needed to determine the appropriateness of the surgery. As such, the requested C3-4 disc replacement surgery is not medically necessary.