

<b>Case Number:</b>	CM14-0155235		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	04/19/2009
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 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 47 year old female who developed neck pain, low back pain, right shoulder pain and left upper extremity pain including the elbow on 04/19/09. Medical records provided for review specific to the injured worker's neck documented that the injured worker had a past surgical history of a cervical fusion at C6-7, in the 90's that predated the injured worker's work injury. The report of an MRI dated 01/21/13, identified at the C5-6 level mild disc bulging and a disc osteophyte complex abutting the exiting ventral cord; and at the C7-T1 level there was a disc osteophyte complex without focal disc protrusion or central stenosis but there was evidence of bilateral neural foraminal impingement. The medical records document that the injured worker has failed conservative care, including epidural steroid injections, medication management and activity restrictions. The clinical follow up of 04/17/14 noted continued complaints of neck pain with subjective numbness of the bilateral hands. The report did not include any physical examination findings. Based on injured worker's failed response to conservative care, the recommendation was made for two level artificial disc replacements at C5-6 and C7-T1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Disc Arthroplasty:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; ODG; Neck Chapter, Disc prosthesis

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter; Disc prosthesis

**Decision rationale:** Based upon the California ACOEM Guidelines and the Official Disability Guidelines, the proposed two level disc replacement procedures is not recommended as medically necessary. ACOEM Guidelines and the Official Disability Guidelines do not recommend disc replacement procedure due to the low level of evidence that supports its efficacy. The Official Disability Guidelines state that there is a direct contraindication to a multilevel artificial disc procedure. Therefore, based on the guideline criteria the request for a disc replacement procedure at C5-6 and C7-T1 is not medically necessary.

**1 -day length of stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; ODG; Neck Chapter, Disc prosthesis

**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 Las: not specified:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; ODG; Neck Chapter, Disc prosthesis

**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 EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; ODG; Neck Chapter, Disc prosthesis

**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 Chest X-Ray:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; ODG; Neck Chapter, Disc prosthesis

**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.