

<b>Case Number:</b>	CM14-0176433		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	07/27/2007
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 53-year-old male who reported an injury on 07/27/2007. The mechanism of injury was while the injured worker was rehearsing a stage fight, he snapped his head back quickly in response to a "punch," with the immediate onset of neck pain. The surgical history and medications were not provided. Documentation of 12/12/2013 revealed the injured worker had axial lumbar pain into the right buttock and proximal thigh location. The injured worker's neck symptoms were subjectively higher rated than the lumbar spinal pain. The examination was without localizing pathologic findings or neurologic deficit. The diagnoses included caudal cervical degeneration, lateral recess, and foraminal spondylotic stenosis on a settled spondylotic basis at C5-6 and C6-7. The documentation of 09/15/2014 revealed the injured worker had decided he wished to proceed with a single level total disc replacement at C6-7. No new imaging studies were revealed. The request was made for a decompressive and reconstructive surgery at the most pathologic stenotic segment at C6-7. The injured worker had right C6 hypesthesia and trace weakness in the right triceps. The documentation indicated the original request was dated 05/30/2014. The injured worker underwent an MRI of the neck and cervical spine without contrast on 06/03/2013, which revealed at C6-7 there was moderately severe degenerative disc disease similar to the level above, with anterior and posterior disc osteophyte ridging. There was a 3 mm to 4 mm posterior disc osteophyte ridging effacing the anterior CSF space and moderately narrowing the AP canal diameter to 7.5 mm, mildly imprinting the cord. There was no abnormal cord signal appreciated. The foramina were moderately severely to severely narrowed bilaterally by the uncovertebral joint arthrosis. There was no Request for Authorization submitted to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior discectomy C6-7 prodisc C total disc replacement:** 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), Treatment Index, 12h Edition (web), 2014, Neck Chapter, Disc prosthesis.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

**Decision rationale:** The American College of Occupational and Environmental Medicine indicates that a surgical consultation may be appropriate for patients who have activity limitation for more than 1 month or with extreme progression of symptoms. There should be documentation of clear clinical, imaging, and electrophysiological evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated. The clinical documentation submitted for review failed to provide electrophysiologic evidence. There was a lack of documentation of a failure of conservative care. Given the above, the request for anterior discectomy C6-7 prodisc C total disc replacement is not medically necessary.

**[REDACTED]: assistant surgeon:** 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), Treatment Index, 12h Edition (web), 2014, 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.