

<b>Case Number:</b>	CM14-0028941		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	11/02/2006
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 New York. 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:

This is a 41-year-old male with a date of injury of November 2, 2006. He injured his neck while lifting a heavy object. He has had conservative measures for neck pain, which was not improved. Physical exam shows decreased range of neck motion. His left triceps reflex is diminished. Sensation and motor strength and normal. MRI shows disc herniation compressing the cord at C6-7 and at C3-4 with fusion present at C5-6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DISC REPLACEMENT ARTHROPLASTY:** Upheld

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

**MAXIMUS guideline:** Decision based on Official Disability Guidelines.

**Decision rationale:** Cervical total disc arthroplasty is not medically necessary and remains experimental. The FDA established criteria for total disc arthroplasty are not met. This is not FDA approved for placement above and below fusion and remains experimental when used above or below a fusion. Established criteria not met. As such, the request is not medically necessary.

**INPATIENT STAY 3-5 DAYS:** Upheld

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

**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.

**DME: NECK BRACE:** Upheld

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

**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.