

<b>Case Number:</b>	CM14-0034862		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2014

### 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 Pennsylvania. 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 claimant is a 54-year-old female who sustained an injury to her neck on January 24, 2011, and has undergone a significant course of conservative care. The clinical records provide for review include the March 10, 2014 progress report documenting a diagnosis of cervical radiculopathy and degenerative disc disease at C5-6 and C6-7 with worsening symptoms. Physical examination was documented to be "unchanged" from the previous examination. The report of an MRI dated March 14, 2013 was reviewed and documented to show degenerative changes at the C4 through C7 levels most noted at C5-C6 with no evidence of stenosis or compressive pathology. The recommendation was made for a two level C5-C6 and C6-C7 artificial disc replacement surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-6 and C6-7 artificial disc replacement with LDR Mobic-C artificial disc: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cervical Spine

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: neck procedure - Disc prosthesis.

**Decision rationale:** The California MTUS and ACOEM Guidelines do not address artificial disc replacement in the cervical spine. Based on the Official Disability Guidelines, the request for C5-6 and C6-7 artificial disc replacement with LDR Mobic-C artificial disc cannot be recommended as medically necessary. The Official Disability Guidelines do not recommend formally artificial disc replacement surgery in the neck because it remains under study but has had promising results in the cervical spine. The ODG Guidelines recommend contraindications to the procedure include a multiple level procedure or evidence of multilevel underlying degenerative change. The claimant has documentation of significant degenerative change at multiple cervical levels with a two level disc replacement procedure being recommended. The nature of the two level surgeries in and of itself would fail to support the need for surgical process.

**Pre-operative medical clearance:** 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.

**Post-operative physical therapy (frequency and duration not specified):** 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.

**Post-operative cervical collar:** 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.

**Inpatient hospital stay (duration not specified):** 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.