

<b>Case Number:</b>	CM14-0058258		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/08/2002
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Surgery 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 50-year-old male who reported an injury on 02/08/2002. The mechanism of injury was not provided. On 01/28/2014, the injured worker presented with worsening neck and back pain. Upon examination of the cervical spine, there was tenderness noted in the midline and left paraspinal region. Range of motion was decreased in all planes and there was decreased sensation to light touch and pinprick in the left C6 and C7 dermatomes. The diagnoses were cervical and lumbar radiculitis; herniated nucleus pulposus of the cervical spine at C4-5 and C5-6 with severe stenosis; herniated nucleus pulposus at L3-4, L4-5, and L5-S1 with stenosis; right shoulder arthralgia; cervical myelopathy; retrolisthesis; and spinal stenosis and herniated nucleus pulposus of multiple lumbar levels. Prior therapy included medications and surgery. The provider recommended an artificial disc replacement for the cervical 4 to 5 and 5 to 6; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Artificial disc replacement cervical 4-5, cervical 5-6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Complaints, Disc Prosthesis

**Decision rationale:** The request for an artificial disc replacement cervical 4 to 5 and cervical 5 to 6 is not medically necessary. The California MTUS/ACOEM Guidelines state surgical considerations are recommended for persistent, severe, or disabling shoulder or arm symptoms; activity limitations for more than 1 month; or with extreme progression of symptoms; clear clinical, imaging, and electrophysiologic consistently indicating the same lesion that has been shown to benefit from surgical repair in both the long and short term with no resolve or radicular symptoms after a period of conservative treatment. The Official Disability Guidelines state that disc prosthesis is under study. It is not recommended in the lumbar spine. While comparative studies within anterior cervical fusion yields similar results, the expectation of a decrease in adjacent segment disease development in long-term studies remains in question. The guidelines are not supportive of artificial disc replacement due to a lack of proven efficacy and safety over the standard surgical intervention including fusion. Additionally, the request is for a 2 level artificial disc replacement, which is not an indication for artificial disc replacement procedures. As such, the medical necessity has not been established.