

<b>Case Number:</b>	CM14-0060536		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/18/2012
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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, has a subspecialty in Orthopedic Sports Medicine, 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 52 year old male who sustained an injury on 12/18/12 after pulling wood. The injured worker developed complaints of neck pain after feeling a pop in the neck. The injured worker is noted to have had a prior cervical fusion with discectomy at C6-7 in October of 2011. Treatment to date has included physical therapy as well as multiple medications, including anticonvulsants as well as anti-inflammatories. Radiographs from 7/16/13 noted evidence of a prior cervical fusion at C6-7 with adjacent level segment disc disease at C4-5 and at C5-6. MRI studies of the cervical spine completed on 9/6/13 noted adjacent level degenerative change at C5-6 resulting in moderate canal stenosis. There was also evidence of moderate left C5-6 foraminal stenosis. The injured worker did have CT myelogram studies of the cervical spine completed on 12/16/13 which noted disc space narrowing and retrolisthesis at C5-6. There was a solid interbody graft at C6-7. There was ventral cord compression secondary to vertebral spurring at C5. The injured worker had no electrodiagnostic evidence of radiculopathy based on the 2/25/14 report. Physical examination findings noted tenderness to the cervical and trapezial regions to the left side as well as tenderness over the left medial scapular border. There was mild weakness in the left upper extremity at the intrinsic hand musculature. The injured worker was able to perform heel and toe walking without difficulty. There was a positive Spurling's sign to the left.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgical removal C6-C7 anterior fixation C5-C6 total disc arthroplasty with 2-3 day hospital stay, and pre-operative H&P: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back, disc prosthesis. Also <http://www.ncbi.nlm.nih.gov/pubmed/15597482>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The injured worker has undergone a prior C6-7 anterior discectomy and fusion which has completely healed. There is evidence of adjacent level segment disc disease at C5-6 and the injured worker does have continuing symptoms despite conservative treatment. Although the injured worker is a surgical candidate, the performance of a total disc arthroplasty at a level adjacent to a previous cervical fusion would not be supported by the clinical literature and would not be considered medically necessary. Per the FDA indications for cervical disc arthroplasty, this procedure should be performed in the cervical spine at 1-2 cervical levels only. There should be no indication of any prior fusion procedures in the cervical spine. Given the lack of evidence within the clinical literature establishing the outcome from cervical artificial disc replacement at a level adjacent to a previous fusion, the request for surgery and all associated services is not medically necessary.

**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, surgical assistant.

**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.

**Left C5-C6 transforaminal SESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of epidural steroid injections Page(s): 46.

**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.