

<b>Case Number:</b>	CM14-0065775		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	04/16/2007
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 California. 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:

51 year old claimant with reported industrial injury on 4/16/07. Exam note 4/23/14 demonstrates complaint of pain with left upper extremity radiculopathy. Report of failure of cervical traction is made in the report. Exam demonstrates tenderness and paraspinal spasms with dysesthesias down the left upper extremity to the thumb and radial forearm. Left sided triceps and brachioradialis DTRs are hyporeflexic. Cervical MRI from 4/18/12 demonstrates slight progression of C4/5 with effacement of the CSF space dorsally and stable multi-level neural foraminal stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C4-5 total disc arthroplasty:** 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 Chapter-Disc prosthesis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Disc arthroplasty.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of disc arthroplasty. According to the ODG, Neck and Upper Back Chapter, Disc prosthesis is under study however is indicated for "intractable symptomatic single level cervical disc degeneration who have failed at least six weeks of nonoperative treatment and present with arm pain and functional/neurologic deficit. In this claimant there is evidence of multilevel disc degeneration which does not meet guidelines. Therefore the determination is for not medically necessary.