

<b>Case Number:</b>	CM14-0096856		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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 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 61 year old male who sustained an injury on 03/09/11 due to a fall, hitting his head on the floor. The injured worker developed complaints of neck pain and low back pain. Prior conservative treatment included physical therapy and chiropractic manipulation and acupuncture therapy. The injured worker underwent multiple epidural steroid injections for both the lumbar spine and cervical spine. The injured worker had type 2 diabetes and required clearance for epidural steroid injections. No long term relief was obtained with any epidural steroid injections. Medications included antispasmodics. MRI of the cervical spine on 04/11/14 noted multilevel degenerative endplate changes primarily at C5-6. There was a disc protrusion resulting in abutment of cervical cord with mild to moderate central canal stenosis. No cord compression was identified. There was neural foraminal narrowing bilaterally secondary to bony hypertrophy. There was abutment of the exiting nerve roots bilaterally at C5-6. Clinical record from 05/15/14 noted the injured worker had continuing complaints of neck pain with tingling in bilateral shoulders and pain radiating into the right shoulder. On physical examination there was some loss of range of motion in the cervical spine in all planes. The injured worker reported pain with cervical range of motion. No motor weakness was identified however there was numbness identified in the right dorsal hand. Recommendation was for anterior cervical discectomy and fusion versus disc replacement at C5-6. Arthroplasty was recommended due to its shorter recovery time to allow the injured worker to consider surgery for the lumbar spine. The requested anterior cervical discectomy with arthroplasty at C5-6 and pre-operative clearance was denied by utilization review on 06/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior Cervical Discectomy and Arthroplasty at C5-6 Pre-Op Clearance:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181.

**Decision rationale:** The injured worker presented with spondylitic change at C5-6 contributing to both canal and neural foraminal stenosis with abutment of the nerve roots bilaterally at this disc level. The injured worker has failed six weeks non-operative treatment. There is no indication that there are more than two level symptomatic degenerative disc diseases in the cervical spine. Given the evidence for single level symptomatic degenerative disc disease in the cervical spine secondary to spondylitic change and failure of conservative treatment the request would meet guideline recommendations at this time. Given the age of the injured worker and surgical request pre-operative clearance evaluation would also be indicated. The injured worker has type 2 diabetes and pre-operative clearance would be needed to rule out any other risk factors that would possibly contraindicate surgical intervention or anesthesia. The request is medically necessary.