

<b>Case Number:</b>	CM14-0099347		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/09/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Neurological 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:

The injured worker is a 50-year-old female who was reportedly injured on March 9, 2012. The mechanism of injury is stated as lifting a heavy chain. The most recent progress note dated May 12, 2014, indicates that there are ongoing complaints of cervical spine pain. The physical examination demonstrated right-sided triceps weakness. Diagnostic imaging studies of the cervical spine showed a broad base disc/osteophyte complex at C5-C6 with right lateral recess and neural foraminal recess stenosis. There was also a disc/osteophyte complex at C6-C7. Previous treatment includes physical therapy and oral medications. A request had been made for a C5-C6 anterior disc replacement, preoperative evaluation and clearance, a postoperative x-ray of the cervical spine, and 18 visits of postoperative physical therapy and was not certified in the pre-authorization process on June 18, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior disc replacement, anterior discectomy with instrumentation:** 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.

**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 Prosthesis.

**Decision rationale:** According to the Official Disability Guidelines cervical spine surgery with disc prosthesis is currently under study with promising results for the cervical spine. It is stated that the expectation of a decrease in adjacent segment disease development in long-term studies remains in question as well as additional problems with the long-term implications of development of heterotopic ossification. Considering this, the request for an anterior disc replacement and anterior discectomy with instrumentation is not medically necessary.

**Pre-operative evaluation and clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Preoperative Screening, Updated July 3, 2014.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post operative physical therapy x 18:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Physical Therapy, Updated August 4, 2014.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-operative x-rays cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Radiography, Updated August 4, 2014.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

