

<b>Case Number:</b>	CM13-0040954		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New York, New Hampshire, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 57 year old male who suffered an unknown work related injury on 06/10/08. Per the physician notes from 09/23/13 he complains of neck pain, radiating left sided headaches, radiation to his left shoulder with pain and needles in the left ulnar aspect of the hand and left shoulder pain and mechanical axial low back pain with radiation in the left heel and foot. The pain is rate at 3-4/10. He also complains of weakness in the left arm, hands and leg, and numbness in the left hand ulnar aspect that interferes with sleep. He has undergone neck surgery and low back surgery in 2010 and left thumb surgery in 2013. Medications include Norco and flexeril. There is noted restriction in the cervical spine with muscle spasm and tenderness as well as mild tenderness and restricted motion in the lumbar spine. He has restricted motion in the left shoulder. CT of the cervical spine dated 02/14/13 confirms potential non-union at C5-6. The recommendation is for a redo of the cervical fusion C5-6 and a fusion C6-7, and inpatient stay of 2 days and artificial disc replacement C4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REDO ANTERIOR CERVICAL FUSION C5-6, AND DO FUSION C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): page 186.

**Decision rationale:** The medical records do not show that the patient has had a recent trial and failure of conservative measures to include PT. More conservative measures are needed to treat neck pain. Also, fusion in combination with total disc replacement is experimental.

**Cervical spine artificial disc replacement C4-C5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Disc prosthesis

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 186. Decision based on Non-MTUS Citation neck chapter FDA criteria cervical artificial disc replacement

**Decision rationale:** ODG guidelines and FDA criteria do not support the use of artificial disc replacement in combination with previous cervical fusion. The procedure is only recommended for single level use when all other levels are normal.

**Inpatient stay 2 days:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back, hospital length of stay (LOS)

**MAXIMUS guideline:** Decision based on MTUS ACOEM.

**Decision rationale:** not needed since surgery not needed