

<b>Case Number:</b>	CM14-0202935		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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:

The injured worker is a 45-year-old female who reported an injury of unspecified mechanism on 10/27/2011. On 11/18/2014, her diagnostic assessment included degeneration of cervical intervertebral disc and spinal stenosis in the cervical region at C5-6 and C6-7. Her complaints included bilateral neck pain, rated 8/10, with numbness and tingling present in forearms and hands. She also reported weakness in her hands. On inspection, there was a normal cervical alignment. There was tenderness noted over the medial scapular border and the paraspinal muscles. She had a normal, full range of motion. Stability and strength were within normal limits. She had a normal bilateral sensory upper extremity examination. There was no rationale or Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anterior cervical disc replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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:** The request for Anterior cervical disc replacement is not medically necessary. The Official Disability Guidelines note that disc prostheses are under study with recent promising results in the cervical spine. While comparative studies with anterior surgical fusion yield similar results, the expectation of a decrease in adjacent segment disease development in long term studies remains in question and there is an additional problem with the long term implications of development of heterotrophic ossification. Additional studies are required to allow for "recommended" status. Additionally, the level of the spine to have been operated upon was not specified in the request. Furthermore, there was no original MRI report submitted for review. Given the above, the request for Anterior cervical disc replacement is not medically necessary.

**Associated surgical service: assistant surgeon:** Upheld

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

**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.

**Associated surgical service : cervical collar:** Upheld

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

**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.

**Associated surgical service: Post-op physical therapy 12 sessions:** Upheld

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

**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.