

<b>Case Number:</b>	CM15-0003179		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: Texas  
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 50-year-old female who reported an injury on 02/20/2014 due to an unspecified mechanism of injury. On 12/01/2014, she presented for a followup evaluation regarding her cervical spine. She reported progressive neck pain radiating into both arms, left more than the right, with numbness and weakness making it difficult to perform her work duties. She also reported intermittent severe low back pain with radiation into the buttocks. Her medications included pain medications consisting of NSAIDs, opioids, and muscle relaxants. A physical examination of the cervical spine showed range of motion of 60 degrees with flexion, 30 degrees with extension, and 45 degrees with right lateral rotation and left lateral rotation. Motor strength was a 4/5 in the left biceps and left triceps. Sensation was abnormal with decreased sensation at the left C6 dermatome. She was diagnosed with acute cervical radiculopathy and spinal stenosis in the cervical region. An MRI of the cervical spine dated 08/05/2014 showed loss of disc height and signal intensity with a 3 mm protrusion and uncovertebral osteophyte formation asymmetric toward the left, resulting in a moderate to severe degree of left greater than right foraminal stenosis at the C6-7 and moderate to severe degree of left foraminal stenosis at the C5-6. Past treatments included medications. The treatment plan was for outpatient anterior cervical disc replacements at the C5-6 and C6-7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Outpatient Anterior Cervical Disc Replacements C5-6, C6-7: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back Chapter, Disc Prosthesis

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** The California ACOEM Guidelines indicate that surgery should only be undertaken when there is severe spinal vertebral pathology and debilitating symptoms with physiological evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that do not respond to conservative therapy. There should also be clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the cervical and lumbar spine. However, there was a lack of documentation showing that she has undergone any electrodiagnostic studies supporting neurologic dysfunction to support the request for disc replacements at the requested levels. In addition, there was a lack of documentation showing that she has tried and failed all recommended forms of conservative therapy. Therefore, the request is not supported. As such, the request is not medically necessary.