

<b>Case Number:</b>	CM15-0103337		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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: Illinois, California, 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:

This injured worker is a 54-year-old male who sustained an industrial injury on 10/31/13, relative to a slip and fall onto his buttocks. Past medical history was significant for hypertension, diabetes, and high cholesterol. Past surgical history was positive for right wrist and carpal tunnel surgery. The 4/10/14 cervical spine MRI impression documented a 3-4 mm paracentral lateral recess and foraminal protrusion at C3/4, which moderately flattened the right anterolateral thecal sac, slightly indenting the right anterior cord and mildly narrowing the right neural foramen. There was a slight right sided disc bulge at C5/6, which mildly flattened the anterior thecal sac without indenting the cord. There was mild right foraminal narrowing without nerve root impingement. There was a mild disc bulge at C6/7 that mildly narrowed the right neural foramen without obvious nerve root impingement. There was a small central protrusion without cord compression at C4/5. The 1/16/15 upper extremity electrodiagnostic study evidenced moderate right C5/6 radiculopathy with acute denervation. The 4/15/15 treating physician report cited worsening neck pain radiating into the right trapezius, shoulder, and ulnar hand, associated with ring and small finger numbness. He also complained of radicular lower back pain. Symptoms were worse with work. Cervical spine exam documented moderate cervical midline and trapezii tenderness, mild medial scapular border tenderness, and moderate loss of cervical extension, lateral flexion, and rotation with neck pain. There was normal motor strength, symmetrical upper extremity reflexes, and decreased sensation in the right biceps and dorsal hand. The diagnosis included cervical disc herniation C3/4, cervical spondylosis C5/6 and C6/7, and moderate right C5/6 radiculopathy with acute denervation. The injured worker was symptomatic and had failed

conservative treatment. The treating physician opined that the C3/4 disc herniation was affecting the C5 and C6 nerve roots, noting degenerative changes at C5/6 and C6/7 but the degree of foraminal stenosis did not correlate with symptoms despite his EMG findings. Authorization was requested for anterior cervical discectomy and arthroplasty at C3/4 and updated cervical MRI in preparation for surgery. He was capable of modified work. The 5/4/15 utilization review non-certified the request for anterior cervical discectomy and arthroplasty at C3/4 as there was radiculopathy at additional levels other than the one intended to be treated and studies and symptoms did not clearly correlated. Updated imaging was requested and certified. The 6/1/15 treating physician report cited worsening low back pain, greater than neck pain. He reported neck pain radiating to the right trapezius, shoulder, and ulnar hand associated with numbness in the ring and small fingers. Cervical spine exam and diagnosis were unchanged. The injured worker was capable of modified work. The treatment plan included cervical spine MRI, pain management consult and refill of Tramadol.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Anterior Cervical Discectomy & Arthroplasty C3-4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**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 California MTUS are silent regarding artificial disc replacement. The Official Disability Guidelines indicate that disc prostheses are under study. While comparative studies with anterior cervical 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 heterotopic ossification. Additional studies are required to allow for a recommended status. The general indications for currently approved cervical-ADR devices (based on protocols of randomized-controlled trials) are for patients with intractable symptomatic single-level cervical DDD who have failed at least six weeks of non-operative treatment and present with arm pain and functional/ neurological deficit. Guideline criteria have not been met. There is limited guidelines support for the use of cervical ADR with additional studies required to allow for a recommended status. This patient presents with multilevel cervical degenerative disc disease which fails to meet the criteria of single level disease. Additionally, the clinical exam, EMG findings and imaging evidence did not fully correlate and updated studies were pending. Therefore, this request is not medically necessary.