

<b>Case Number:</b>	CM15-0017035		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	07/07/2006
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: California

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 52 year old male, who sustained an industrial injury on July 7, 2006. The diagnoses have included C3-C4 herniated disc, cervical radiculopathy C4 level, left more than right, chronic pain syndrome, and cervicgia. Treatment to date has included status post C5-C6 cervical fusion, physical therapy, epidural injections, and medications. Currently, the injured worker complains of moderate, dull, aching pain in the neck and bilateral arms. The Treating Physician's report dated January 7, 2015, noted a cervical spine MRI dated March 2014, that showed a new disc herniation central to the left at C3-C4 which caused spinal cord compression and narrowing of the left C3-C4 neural foramina. Physical examination of the cervical spine was noted to show paraspinous muscle tenderness present lower cervical spine with moderate limitation of range of motion (ROM) secondary to pain. On January 8, 2015, Utilization Review non-certified an anterior cervical fusion with intervertebral disc replacement at C3-C4, noting the injured worker had multi-level disc disease and would not be a candidate for disc replacement, therefore the request was modified to approve the anterior cervical fusion at C3-C4. The MTUS American College of Occupational and Environmental Medicine Guidelines was cited. On January 27, 2015, the injured worker submitted an application for IMR for review of an anterior cervical fusion with intervertebral disc replacement at C3-C4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Anterior Cervical Fusion with Intervertebral Disc Replacement at C3-4: 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 Chapter, Discectomy-Laminectomy-Laminoplasty; Fusion, Anterior Cervical; Disc Prosthesis ACOEM Guidelines, page 179 and page 306.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck, disc prosthesis.

**Decision rationale:** CA MTUS/ACOEM is silent on issue of disc replacement. According to the ODG, Neck section, disc prosthesis, is under study. It is not recommended as there are no long-term studies noting ongoing response reported following disc replacement. In addition artificial disc replacement is indicated for single level disease which is not present in the MRI report from March 2014 demonstrates multilevel disc degeneration. Therefore the request does not meet accepted guidelines for single level disease. The request for cervical disc replacement of the cervical spine is not medically necessary and appropriate.