

<b>Case Number:</b>	CM15-0130366		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	03/18/2014
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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, Indiana, Oregon  
 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 03/18/2014. He has reported injury to the head and neck. The diagnoses have included cervicgia; post-concussion syndrome; displacement of cervical intervertebral disc without myelopathy; cervical radiculopathy; closed head injury; and thoracic sprain/strain. Treatment to date has included medications, diagnostics, acupuncture, and physical therapy. Medications have included Tylenol with Codeine #3, Gabapentin, Cyclobenzaprine, and Celebrex. A progress report from the treating physician, dated 05/14/2015, documented a follow-up session with the injured worker. Currently, the injured worker complains of neck and back pain; the pain is worse in the middle part of the neck; the pain is there most of the time, but can wax and wane; both arms sometimes feel numb; there are numbness and tingling in his fingers on the left side; he has had headaches, double vision, and buzzing in the ears; and he has tried physical therapy and acupuncture, but it has only temporarily relieved the pain. Objective findings included he is awake, alert, and oriented; face is symmetric; biceps, triceps, grip, interossei, iliopsoas, knee extensor, knee flexor, dorso-flexion, and plantar-flexion are anti-gravity in strength; and reflexes are 1 to 2+ in the arms and legs. The treatment plan has included the request for 1 total disc replacement at the C5 and C6 level; and 2 inpatient hospital stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Total Disc Replacement at the C5 and C6 Level: 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) Treatment Index, 11th Edition, 2014, Neck and Upper Back, Disc prosthesis.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck.

**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. In this case the request is for 2 levels and the guidelines do not support the requested procedure. The request for cervical disc replacement of the cervical spine is not medically necessary and appropriate.

## **Associated surgical service: 2 Inpatient Hospital Stay: 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) Treatment Index, 11th Edition, 2014, Neck and Upper Back, Hospital Length of Stay (LOS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.