

<b>Case Number:</b>	CM15-0133408		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Minnesota, Florida  
 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 49 year old male who sustained an industrial injury on 9-18-13. Diagnoses are cervical degenerative disk disease; C5-6 and C6-7, Neck pain; cervical radiculopathy, and cervical stenosis. In an office visit follow up dated 6-29-15, the treating physician reports, ongoing neck pain and occasional numbness in bilateral finger tips. Symptoms have been present for 2 years. Symptoms are constant and worse at night and are alleviated by nothing. Pain is associated with decreased range of motion. He reports continued pain in spite of care. A cervical MRI done 6-11-15 reveals spinal stenosis at C2-3, C3-4, C4-5, C5-6, and C6-7. Medications are Paxil, Synthroid, Norco, and Gabapentin. Previous treatment includes medication, physical therapy, acupuncture and chiropractic's. He states his quality of life has diminished due to the neck pain and has elected to move forward with the surgery. The requested treatment is C5-6, C6-7 total disc replacement and associated surgical service; length of stay of one day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-6, C6-7 total disc replacement:** 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, Disc Prosthesis.

**MAXIMUS 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) Section: Neck and upper back. Topic: Disc prosthesis.

**Decision rationale:** The injured worker is a 46-year-old male with a history of neck pain, headaches and occasional numbness in bilateral fingertips associated with a complex chronic pain syndrome. The primary diagnosis is cervical spinal stenosis. MRI of the cervical spine with flexion and extension views without contrast was performed on 6/11/2015. The impression was spinal canal stenosis seen at C3-4 in extension only, measuring 9.6 mm, spinal canal stenosis at C4-5 in extension measuring 8.6 mm, spinal canal stenosis at C5-6 in all 3 views most narrowed in extension measured at 7.3 mm and spinal canal stenosis seen in neutral and extension at C6-7 measuring 6.7 mm in extension. There was 1 mm anterolisthesis C4 on C5 anterior osteophyte overgrowth was noted inferior C5, superior and inferior C6. There was 50% narrowing of the disc space at C5-C6. There was 1 mm bulge at C4-5 with 25% right foraminal narrowing from uncinata osteophyte formation. There was 1 mm of osteophyte formation and bulge at C5-6 with 75% left, 90% right foraminal narrowing. The California MTUS guidelines indicate surgical considerations for persistent severe and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long-term and unresolved radicular symptoms after receiving conservative treatment. In this case, the documentation indicates neck pain with associated headaches and some tingling in the fingertips but the neck pain is worse than the radicular pain. The MRI scan shows multiple level spinal stenosis. ODG guidelines do not recommend artificial disc replacement when axial neck pain is the solitary presenting symptom, or in the presence of spinal stenosis by hypertrophic spondylo-arthritis, and in severe arthrosis manifested by the osteophytosis and loss of disc height greater than 50%. In this case the spinal stenosis involves multiple levels which are a relative exclusion. As such, the request for artificial disc replacement at C5-6, and C6-7 is not supported and the medical necessity of the request has not been substantiated.

**Associated Surgical Service: Length of stay, one day:** 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.

