

<b>Case Number:</b>	CM15-0207413		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	11/10/1999
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: New York, Montana, California  
 Certification(s)/Specialty: Neurological 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 59 year old male, who sustained an industrial injury on November 10, 1999, incurring neck and spine injuries. He was diagnosed with cervical degenerative disc disease, and cervical radiculopathy. Treatment included pain medications, anti-inflammatory drugs, neuropathic medications, muscle relaxants, antianxiety medications, sleep aides and topical analgesic gel. Currently, the injured worker complained of worsening neck pain, paresthesia and weakness with bilateral upper extremity pain. He had neck tenderness and muscle spasms both at rest and with range of motion. His cervical spine range of motion was limited in all directions with increased pain. Magnetic Resonance Imaging revealed severe neuroforminal stenosis of the cervical spine with radiculopathy. The injured worker had chronic headaches, depression and anxiety secondary to the cervical pain. The treatment plan that was requested for authorization included a complete anterior discectomy with total disc replacement at C4-C5, anterior cervical discectomy, fusion, and use secure C total disc at C6-C7; a Philadelphia collar; bone growth stimulator; inpatient stay for 2 days; psychological clearance for surgical intervention; postoperative evaluation by a registered nurse for home health services; 8 postoperative physical therapy visits; preoperative labs, electrocardiogram; postoperative follow-4 visits and a Re-evaluation within 6 weeks. On October 9, 2015, all the above requests were denied by utilization review except a re-evaluation within 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Complete anterior discectomy with total disc replacement at C4-C5, anterior cervical discectomy, fusion, and use secure C total disc at C6-C7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

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

**Decision rationale:** A disc replacement, use of a cervical disc prosthesis or disc arthroplasty is under study according to the ODG guidelines. According to the guidelines the FDA approved the disc replacement for one level cervical disc disease. This case requests authorization for two levels which would not be approved under the FDA guidelines. The requested Treatment: Complete anterior discectomy with total disc replacement at C4-C5, anterior cervical discectomy, fusion, and use secure C total disc at C6-C7 is not medically necessary and appropriate.

**Associated surgical service: Philadelphia Collar: 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.

**Associated surgical service: bone growth stimulator: 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.

**Associated surgical service: inpatient stay - 2 days: 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.

**Associated surgical service: psychological clearance for surgical intervention:** 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.

**Postoperative evaluation by registered nurse for home health services:** 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.

**Postoperative physical therapy - 8 visits:** 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.

**Preoperative clearance - labs:** 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.

**Preoperative clearance - EKG:** 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.

**Postoperative follow up - 4 visits:** 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.

**Reevaluation within 6 weeks:** 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.