

<b>Case Number:</b>	CM15-0027752		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	09/04/2010
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Pediatrics, 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 58-year-old male who reported an injury on 09/04/2010. The mechanism of injury involved repetitive activity. The current diagnosis is cervical radiculopathy. The latest physician progress report submitted for review is a consultation note dated 12/17/2014. The injured worker presented with complaints of left upper extremity pain. The injured worker has been treated with chiropractic adjustments, massage, and medications. It was noted that the injured worker had not been treated with any cervical epidural injections. Upon examination, there was no acute distress noted. There was 4/5 motor weakness in the left upper extremity, intact sensation, and diminished reflexes in the bilateral upper extremities. There was marked limitation of cervical range of motion with pain. A positive Spurling's maneuver was also noted. Recommendations included proceeding with electromyography to evaluate for left cervical radiculopathy. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C5-C6, C6-C7 Disc Replacement Arthroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-81. Decision based on Non-MTUS Citation ODG Cervical Spine.

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

**Decision rationale:** The Official Disability Guidelines state disc prosthesis is currently 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. As such, the current request cannot be determined as medically appropriate in this case, as there is no evidence based guideline support for the requested 2 level artificial disc replacement. Given the above, the request is not medically appropriate at this time.