

<b>Case Number:</b>	CM14-0149612		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 36-year-old female who sustained an injury to the neck on January 27, 2014. The clinical report of August 8, 2014, notes continued complaints of neck pain and severe right, greater than left, arm pain and that the claimant had failed conservative care including physical therapy, medications, work restrictions and activity modifications. Objective findings on examination revealed tenderness of the paracervical and trapezial muscles, diminished sensation in the right C6-C8 dermatome old distribution, a positive Spurling's test, 4/5 triceps strength and diminished bicep and brachioradialis reflex on the right at +1. The working diagnosis was cervical radiculopathy and displacement of cervical intervertebral disc. The report of a cervical MRI dated July 26, 2014, identified a 4 millimeter right paracentral disc protrusion at the C6-C7 level and degenerative changes and spondylosis noted at other levels from C3-C5. The recommendation was made for disc replacement surgery at the C6-C7 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative EKG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127.

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

**Pre-operative Labs CBC:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation ODG, Treatment for the neck

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

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

**Three (3) day stay:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation ODG, Treatment for the neck

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: neck procedure - Hospital length of stay (LOS) ODG hospital length of stay (LOS) guidelines: Artificial Disc (84.62 -- Insertion of total spinal disc prosthesis, cervical)

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

**Physician Assistant:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation ODG, Treatment for the neck

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 21742 to 22849)

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

**Cervical disc replacement at C6-7: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation ODG, Treatment for the neck

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp, 18th Edition, 2013 Updates: neck procedure - Disc prosthesis

**Decision rationale:** The ACOEM Guidelines state that disc replacement surgery in the spine remains investigational. The Official Disability Guidelines support the ACOEM Guidelines stating that disc replacement surgery is still "under study" with no formal recommendations for its use. While recent studies have been promising it is still currently not supported by the ODG Guidelines. In looking at the ODG direct contraindications to the use of disc replacement surgery, the presence of segmental degenerative change would typically also preclude the procedure. While the claimant is noted to have a disc protrusion at C6-C7, the MRI also identifies significant levels of segmental degenerative change adjacent to the requested disc replacement level. California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for cervical disc replacement at C6-7 is not recommended as medically necessary. The ACOEM Guidelines state that disc replacement surgery in the spine remains investigational. The Official Disability Guidelines support the ACOEM Guidelines stating that disc replacement surgery is still "under study" with no formal recommendations for its use. While recent studies have been promising it is still currently not supported by the ODG Guidelines. In looking at the ODG direct contraindications to the use of disc replacement surgery, the presence of segmental degenerative change would typically also preclude the procedure. While the claimant is noted to have a disc protrusion at C6-C7, the MRI also identifies significant levels of segmental degenerative change adjacent to the requested disc replacement level. California ACOEM Guidelines and supported by the Official Disability Guidelines, the request for cervical disc replacement at C6-7 is not recommended as medically necessary. Therefore, the need for the disc replacement procedure is not medically necessary.