

<b>Case Number:</b>	CM14-0163781		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	09/24/2000
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2014

### 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 Minnesota. 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 injured worker is a 52 year old female with a history of neck and back pain who slipped and fell on a wet floor sustaining multiple injuries to her neck, back, and right foot and ankle on 9/24/2000. She has had 6 surgical procedures in the last 14 years per AME report of 4/12/2012. She has had Physical therapy and corticosteroid injections. In 2007 an MRI scan of the cervical spine was performed which showed extensive disc degeneration from C4 to C7 with osteophyte formation and kyphotic posture of the neck. The MRI report is not submitted. At the time of the AME in April 2012 she was complaining of axial neck pain, weakness of both arms with overhead activities, numbness in both hands which she attributed to carpal tunnel syndrome status post carpal tunnel releases with persisting symptoms. She also complained of low back pain with bilateral radicular pain in the legs. There was no cough/sneeze effect. There was no history of bladder or bowel dysfunction. She was taking Methadone. An EMG performed on July 26, 2012 revealed bilateral C6 radiculopathy and bilateral carpal tunnel syndrome in addition to the low back issues and sensory conduction issues in the lower extremities. There was likelihood of neuropathy being the pain generator. The AME examiner reviewed x-rays of the cervical spine including flexion/extension views on 11/21/2012. He described substantial uncovertebral joint hypertrophy at C4-5, C5-6, and C6-7 with severe disc space narrowing and large osteophytes at these levels. Extension was severely limited and a kyphotic deformity was present. No recent physical examination findings or imaging studies or EMG results are submitted. In particular there is no MRI report since 2007. No imaging reports other than the above notations are submitted. The disputed issue pertains to the request for 3 level discectomies and disc arthroplasties from C4-C7 and preoperative labs, EKG, and CXR.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**C4-C5, C5-C6, and C6-C7 discectomy and disc arthroplasty with one night inpatient stay:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Neck and Upper Back Procedure Summary (last updated 8/4/14); and the Official Disability Guidelines (ODG) - TWC Length of Stay Guidelines

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

**Decision rationale:** CA MTUS does not address cervical disc arthroplasty. ODG guidelines indicate specific exclusions in the presence of facet arthritis or significant deformity, axial neck pain without documented radicular pain, hypertrophic spondyloarthrosis causing spinal stenosis, severe spondylosis as defined by loss of greater than 50% of disc space height, or bridging osteophytes. Implant of a total disc requires intact ligaments and integrity of the facet joints. The medical records submitted indicate severe cervical spondylosis at 3 levels and at least some of these exclusions are present. The information submitted does not include MRI findings after 2007 and so the appropriateness and medical necessity of cervical disc arthroplasties at 3 levels cannot be adequately addressed. Based upon the information submitted, the requested surgery is not medically necessary.

**Preoperative lab work:** 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.

**Chest X-Ray:** 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.

**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.