

<b>Case Number:</b>	CM14-0180830		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	11/05/2008
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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, has a subspecialty in Spine Fellowship 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:

According to the records made available for review, this is a 46-year-old male with a 11/5/08 date of injury. At the time (10/6/14) of request for authorization for arthroplasty C5-6, C6-7, there is documentation of subjective (neck and left arm pain; weakness, numbness and tingling) and objective (decreased cervical spine range of motion, pain with extension and rotation, C4-C7 tenderness, mild spasms, decreased sensation to light touch in the C6 and C7 distributions on the left, positive Spurling bilaterally, 4/5 muscle strength left C6 and C7) findings, imaging findings (cervical spine CT (8/22/14) report revealed degenerative disc disease with facet arthropathy and retrolisthesis C5-6 with degenerative change at C1-2; mild canal stenosis C5-6 and C6-7, neural foraminal narrowing mild C4-5, severe left and moderate to severe right C5-6, mild to moderate right and moderate to severe left C6-7; C5-6 broad-based bulge and osteophytic ridge with central protrusion and osseous ridging; C6-7 broad-based, osteophytic ridge with osseous ridging and facet arthropathy), current diagnoses (spinal stenosis with radiculopathy), and treatment to date (medications, physical therapy, and chiropractic). 9/25/14 medical report identifies a request for discectomy C5, C6, C7, subarticular decompression C5, C6, C7, foraminal decompression C5, C6, C7, and arthroplasty C5-6 and C6-7 that has been authorized/certified. There is no documentation of intractable symptomatic single-level cervical DDD.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroplasty C5-6, C6-7:** 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) Neck and Upper Back Chapter

**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) Neck and Upper Back, Arthroplasty/Disc prosthesis

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) reference to ACOEM guidelines identifies that surgical consultation/intervention is indicated for patients who have: 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 electrophysiology evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term, and unresolved radicular symptoms after receiving conservative treatment. ODG identifies documentation intractable symptomatic single-level cervical DDD, failure of at least six weeks of non-operative treatment, arm pain and functional/ neurological deficit, and at least one of the following conditions confirmed by imaging (CT, MRI, X-ray) (herniated nucleus pulposus; spondylosis (defined by the presence of osteophytes); or loss of disc height), as criteria necessary to support the medical necessity of cervical disc replacement. Within the medical information available for review, there is documentation of diagnoses of spinal stenosis with radiculopathy. In addition, there is documentation of an associated request for discectomy C5, C6, C7, subarticular decompression C5, C6, C7, and foraminal decompression C5, C6, C7 that has been authorized/certified. Furthermore, there is documentation of persistent, severe, and disabling arm symptoms; activity limitation for more than one month or with extreme progression of symptoms; clear clinical and imaging evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair both in the short and the long term; unresolved radicular symptoms after receiving conservative treatment, and imaging (presence of osteophytes). However, given that the request is for arthroplasty C5-6, C6-7, there is no documentation of intractable symptomatic single-level cervical DDD. Therefore, based on guidelines and a review of the evidence, the request for arthroplasty C5-6, C6-7 is not medically necessary.