

<b>Case Number:</b>	CM14-0213815		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	09/16/2013
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: Texas  
 Certification(s)/Specialty: Orthopedic 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 43-year-old female who reported an injury on 09/16/2013 due to cumulative trauma. On 03/11/2014, the injured worker presented with pain in the right wrist, associated with numbness and tingling in the right hand and radiating pain into the forearm going up into her arm. Prior therapies included physical therapy, acupuncture, and chiropractic treatment. An EMG performed on 10/01/2013 noted normal findings. An MRI of the cervical spine performed on 04/22/2014 revealed C2-3 large disc protrusion with moderate canal stenosis and cord deformity; C3-4 disc protrusion with mild facet arthropathy; C4-5 large disc protrusion with moderate to severe canal stenosis; and C5-6 moderate to large disc protrusion with mild to moderate canal stenosis and cord deformity. There was C6-7 disc protrusion with mild canal stenosis and C4-5 cervical total disc replacement performed on 10/29/2014. Medications included Flexeril. Upon examination of the forearm, there was tenderness over the right extensor forearm and the radial tunnel area. Examination of the shoulder revealed full range of motion. There was no evidence of tenderness over the anteroposterior joint line. There was a negative impingement sign and full range of motion. There was tenderness noted over the right trapezius muscle associated with trigger points. The diagnoses were chronic symptoms of the right wrist tendinitis, right upper extremity myofascial pain primarily involving the right extensor forearm, new symptoms of the right trapezius myofascial pain, and condition complicated by underlying obesity. The provider recommended a retrospective cervical total disc replacement at the C4-5, date of service 10/29/2014. The Request for Authorization form was dated 06/23/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective cervical total disc replacement at C4-5, DOS: 10/29/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Disc prosthesis.

**Decision rationale:** The request for retrospective cervical total disc replacement at C4-5, date of service 10/29/2014 is not medically necessary. The California MTUS/ACOEM Guidelines state that surgical consultation is indicated for injured workers with persistent, severe, and disabling shoulder or arm symptoms. There should be activity limitations for more than 1 to 2 months or extreme progression of symptoms. There should be evidence of clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be unresolved radicular symptoms after receiving conservative treatment. The Official Disability Guidelines further state that disc prosthesis is under study. The guidelines state that additional studies are required to allow for a recommend status. Disc replacement is considered under study and indicated for single level disc pathology. However, the MRI findings note multilevel disc pathology. As such, medical necessity has not been established.