

<b>Case Number:</b>	CM14-0216948		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	06/27/2011
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/27/2014

### 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 58-year-old male who reported an injury on 06/27/2009. The mechanism of injury reportedly occurred when the injured worker was lifting large plywood panels with a coworker, the panels slipped and fell on top of him, injuring his right shoulder and cervical spine. His diagnoses included neck pain. Past treatments included medications. Diagnostic studies included an MRI of the cervical spine dated 10/13/2014, which was noted to reveal more bone marrow edema/granulation response at C5-6 level due to pinched spinal cord, as a result of spinal stenosis when compared with the MRI of the cervical spine dated 02/26/2014. On 01/15/2015, the injured worker complained of neck pain radiating down his right shoulder producing weakness in his right arm, as well as numbness and tingling in the fingers. His pain was rated at 6/10 to 8/10. Physical examination was not documented during this visit. His current medications were noted to include Norco taken 4 tablets a day and tramadol taken 4 tablets a day; dosages not provided. The treatment plan included a recommendation for disc replacement arthroplasty. A request was received for cervical disc replacements C5-6, C6-7 times 2 with 3 to 5 day inpatient hospital stay. The rationale for the request was not provided. The Request for Authorization form is dated 12/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical disc replacement C5-6, C6-7 x 2 with 3-5 day inpatient hospital stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th edition (web), Neck chapter, Disc prosthesis

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

**Decision rationale:** The Official Disability Guidelines state that disc prosthesis is under study, with recent promising results in the cervical spine, but not recommended in the lumbar spine. An MRI dated 10/13/2014, was noted to reveal more bone marrow edema/granulation response at C5-6 level due to pinched spinal cord, as a result of spinal stenosis, compared to the last imaging study. However, as disc prosthesis is still under study and therefore not recommended by the evidence based guidelines, the request is not supported. Therefore, the request is not medically necessary.