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| <b>Case Number:</b>   | CM14-0034473 |                              |            |
| <b>Date Assigned:</b> | 06/20/2014   | <b>Date of Injury:</b>       | 02/08/2002 |
| <b>Decision Date:</b> | 03/31/2015   | <b>UR Denial Date:</b>       | 02/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/19/2014 |

### 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: Illinois, California, 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 50-year-old male who sustained an industrial injury on 02/08/02. The 12/16/13 cervical MRI demonstrated degenerative disc disease with retrolisthesis at C3/4 with facet arthropathy with fusion/segmentation anomaly noted at C6/7. There was mild to moderate canal stenosis at C3/4, C4/5, and C5/6. There was moderate to severe neuroforaminal narrowing at C4/5 and C5/6. The 1/28/14 treating physician report cited worsening neck and back pain. The injured worker was dropping objects more frequently and had difficulty feeling his fingertips. Subjective complaints included grade 4/10 neck radiating pain with numbness and tingling in both arms to the hands. Medications included Norco and Flexeril. Objective findings documented decreased cervical range of motion in all planes. There was decreased left C6 and C7 dermatomal sensation, 4+/5 left wrist extension and flexion, triceps and interossei strength, and hyperreflexic bilateral upper extremity deep tendon reflexes. The diagnosis included cervical radiculopathy, C4/5 and C6/7 herniated nucleus pulposus with stenosis, and cervical myelopathy. The patient was also diagnosed with L3/4, L4/5 and L5/S1 herniated nucleus pulposus with stenosis, retrolisthesis at L1/2 and L4/5, and L4/5 spinal stenosis. The treatment plan discussed conservative versus surgical treatment. Authorization was requested for C4/5 and C5/6 artificial disc replacement. On 02/28/14, Utilization Review non-certified a request for artificial disc replacement at C4/5 and C5/6, noting that there is a lack of proven efficacy for the procedure at multiple levels of the cervical spine and that extensive arthritis of the facet joints of the neck is a contraindication to the procedure. MTUS, ACOEM and ODG guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Artificial disc replacement at C4-5, C5-6:** 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-Treatment Workers Compensation Neck and Upper Back Procedure

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back: Disc prosthesis

**Decision rationale:** The California MTUS are silent regarding artificial disc replacement. The Official Disability Guidelines indicate that disc prostheses are under study, and state that additional studies are required to allow for a "recommended" status. The general indications for currently approved cervical-ADR devices (based on protocols of randomized-controlled trials) are for patients with intractable symptomatic single-level cervical DDD who have failed at least six weeks of non-operative treatment and present with arm pain and functional/ neurological deficit. Guideline criteria have not been met relative to single level disease. There is imaging evidence of multilevel cervical degenerative disc disease and canal stenosis. The request for 2-level artificial disc replacement exceeds current general indications. Given the absence of guideline support for artificial disc replacement and the presence of multilevel degenerative disc disease, this request is not medically necessary.