

<b>Case Number:</b>	CM14-0037027		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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. 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 55-year-old male with a reported date of injury of 2/25/2013. The mechanism of injury is not reported. Per exam note of 1/17/2014 he was complaining of neck pain rated 8/10 with radiation down the right upper extremity to his hand. It was associated with numbness. The right upper extremity symptoms radiated to the long finger and the ring finger. He had undergone 3 epidural steroid injections of the cervical spine. The last epidural injection of 11/22/13 helped decrease the neck pain by 25% and help the arm symptoms significantly but temporarily. He also had 20 acupuncture visits and 6 chiropractic treatments which helped temporarily. He was taking Norco 10/325 mg 2-4 times per day, Flexeril 2 times per day and Celebrex 1 daily. The medications helped decrease his pain by 50%. On examination there was visible atrophy of the right trapezius region. Range of motion of the cervical spine was decreased in all planes and limited by pain. There was decreased sensation in C6 and C7 dermatomes on the right but primarily in the C7 dermatome. Motor strength was 4+/5 in the right triceps, external rotation, wrist flexion, and finger extension. There was diminished right triceps reflex. Spurling was positive on the right. MRI scan of the cervical spine dated 3/8/2013 revealed 1-2 mm right paracentral disc herniation at C5-6 and bony ridging, right lateral uncovertebral hypertrophic changes narrowing the right neural foramen. There was a 5 mm right C6-7 lateral herniation extending into the right neural foramen and impinging upon the right exiting nerve roots and migrating inferiorly over the right posterior body of C7 for a distance of 6 mm. The diagnosis was cervical disc herniation at C6-7 with right sided neural foraminal narrowing, right-sided cervical radiculopathy, and bilateral shoulder arthralgia. The provider requested an artificial disc replacement at C6-7. This was noncertified by utilization review as there is evidence of 2 level disease and only one level cervical disc replacement was requested. The decision date was 2/27/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Artificial disc replacement at C6-C7:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (updated 12/16/2013)

**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 replacement

**Decision rationale:** California MTUS guidelines do not address this topic. ODG guidelines indicate that artificial disc replacement is under study with recent promising results in the cervical spine. The general indications for currently approved cervical-ADR devices are for patients with intractable symptomatic single level cervical degenerative disc disease who have failed at least 6 weeks of non-operative treatment and presented with arm pain and functional/neurological deficit. Per medical literature, a two-level ADR (Mobi-C) is also approved by FDA; however, the request as stated is for a single level ADR. Review of the medical records and in particular the MRI of scan as well as clinical findings indicate two-level disease. The surgery as requested for C6-7 does not address the findings at C5-6. Based upon the above, the request for C6-7 artificial disc replacement without addressing the adjacent level disease is not supported and as such the medical necessity of the single level ADR is not substantiated.