

<b>Case Number:</b>	CM14-0064672		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	10/17/1996
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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: California, Indiana, Oregon  
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 54 year old female, who sustained an industrial injury on October 17, 1996, incurring upper back injuries. She was diagnosed with cervical spinal stenosis, cervical spine degenerative disc disease. The injured worker underwent a cervical fusion and a second anterior cervical discectomy and fusion. A computed tomography done in 2012, revealed a breakdown at the two levels between the fusions of the cervical spine. Physical examination showed decreased sensation and neurological deficits. Treatment included pain medications, muscle relaxants and sleep aides. Currently, the injured worker complained of right sided cervical spine pain with right upper extremity radiculopathy into the right hand and upper back. The treatment plan that was requested for authorization included arthroplasty and compression of the cervical spine and an inpatient hospital stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Arthroplasty and compression C4-5 and C5-6:** 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) Neck & Upper Back Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck.

**Decision rationale:** CA MTUS/ACOEM is silent on issue of disc replacement. According to the ODG, Neck section, disc prosthesis, is under study. It is not recommended as there are no long-term studies noting ongoing response reported following disc replacement. In addition artificial disc replacement is indicated for single level disease which is not present in the MRI report from 1/14/14. The guidelines does not support the requested procedure. The request for cervical disc replacement of the cervical spine is not medically necessary.

**Inpatient hospital stay:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.