

Case Number:	CM15-0095932		
Date Assigned:	05/22/2015	Date of Injury:	09/27/2011
Decision Date:	06/24/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/18/2015

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 41-year-old female who sustained an industrial injury on 9/27/11. The mechanism of injury was documented as a slip and fall down a flight of stairs. Conservative treatment to date had included medications, physical therapy, home exercise program, acupuncture, trigger point injections, and a TENS unit. The 4/2/15 cervical spine MRI impression documented osteophyte formation and bulging at C3/4 causing spinal canal stenosis of 9.5mm. There was an underlying disc protrusion/herniation contributing to the findings as well. At C4/5, there is central disc protrusion with spinal canal stenosis of 9.5mm. At C5/6, there was a central and left paracentral disc extrusion with spinal canal stenosis of 8.7 mm. At C6/7, there was an osteophyte and disc extrusion complex with spinal canal stenosis of 8.7 and bilateral foraminal narrowing. The 4/16/15 upper extremity electrodiagnostic study documented no evidence of left upper extremity carpal tunnel syndrome or ulnar neuropathy at the elbow or wrist, generalized sensory or motor neuropathy, or left upper extremity radiculopathy. The 4/23/15 treating physician report cited continued cervical pain with intermittent radiation into the arms, left greater than right, and periodic paresthesias of the left hand along the ulnar distribution. MRI findings were reviewed and it was his opinion that there was cervical spinal cord irritation resulting in intermittent cervical spasms that resulted in neck pain and ulnar paresthesias as a result of secondary thoracic outlet syndrome with impingement on the lower trunk of the brachial plexus. The objective exam was reported unchanged. The diagnosis was cervical spondylosis C6/7 with cervical stenosis and cord impingement, midline disc protrusions at C3/4, C4/5, and C5/6, periodic cervical spasms, and secondary thoracic outlet syndrome with

involvement of the lower trunk of the brachial plexus. The treatment plan recommended surgical intervention at the C6/7 level as she had a cervical disc osteophyte (spur) impinging on the anterior aspect of the cervical spinal cord. He opined that it would not be in her best interest to undergo a fusion because of the midline disc protrusions at the upper cervical disks. Authorization was request for cervical disc arthroplasty at C6/7. The 4/3/0/15 utilization review non-certified the request for anterior cervical disc excision at C6-7 and disc arthroplasty as the injured worker had multilevel cervical degenerative disc disease and spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Cervical Disc Excision at C6-7 and disc arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, 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 California MTUS are silent regarding artificial disc replacement (ADR). The Official Disability Guidelines indicate that disc prostheses are under study. 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 degenerative disc disease 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. There is limited guideline support for the use of cervical disc arthroplasty. This patient presents with multilevel cervical degenerative disc disease, which fails to meet the criteria of single level disease. Therefore, this request is not medically necessary.