

Case Number:	CM14-0103702		
Date Assigned:	07/30/2014	Date of Injury:	06/19/2003
Decision Date:	11/13/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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 57 year old female with multiple level cervical and lumbar degenerative disc disease. She has neck pain associated with evidence of radiculopathy in both upper extremities. She has failed conservative treatment with medication, physical therapy, chiropractic treatment, acupuncture, and one epidural steroid injection. There is restricted motion of the cervical spine with dysesthesias in the radial aspects of both upper extremities with motion, and some numbness. The recent MRI scan of 4/24/2014 revealed 3 level disease, particularly severe at C5-6 and C6-7 with the degenerative cascade of disc/osteophyte complexes and neural foraminal stenosis. The requested procedure in dispute is 2 level cervical disc replacements. In-patient hospital stay for one day is also disputed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient 1 Day: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Neck, Hospital length of stay, artificial disc

Decision rationale: CA MTUS does not address cervical disc arthroplasty. According to ODG guidelines the hospital length of stay for an artificial disc is 1 day. Therefore the requested inpatient 1 day hospital stay is within guidelines and is medically necessary.

C5-7 Total Disc Arthroplasty: Overturned

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 and Upper Back (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J. Neurosurg Spine 2013 Nov; 19(5) 532-45 2. International Society for the Advancement of Spine Surgery ISASS Policy Statement- Cervical Artificial Disc. 3.Congress of Neurological Surgeons 2013 Annual Meeting (Jackson, et al)

Decision rationale: CA MTUS is silent on Cervical Disc Arthroplasty. The disputed issue is the 2 level total disc replacements (cTDR). Although ODG only recommends a single level, a review of the literature indicates that the two level cervical disc arthroplasty is a safe and effective alternative to a two level anterior cervical discectomy and fusion (ACDF). The problem with fusing the spine is loss of range of motion and additional biomechanical stresses on the levels above and below the fusion. Disc replacement allows some motion at the operated spinal level which reduces the incidence of adjacent segment disease. At least one study has shown the superiority of 2 level cTDR over a 2 level ACDF (Davis, RJ J.Neurosurg Spine 2013 Nov; 19(5) 532-45. The re-operation rate in the study was 11.4 % in the ACDF group and 3.1% in the cTDR group at 24 months. The overall success rate for the cTDR group was also higher. The study quoted at the Congress of Neurological Surgeons by Jackson, et al involved 575 patients with cervical disc disease. 164 had 1 level replacement, 81 had ACDF, 225 had 2 level disc replacement and 105 had 2 levels ACDF. After 2 years more patients in the fusion group needed secondary surgery than in the replacement group. The difference was statistically significant. After 4 years the results were even better. [REDACTED]

[REDACTED] commented: "This adds to the chorus of studies that are clearly demonstrating the benefit of cervical disc replacement in the treatment of cervical disc disease." The remarks by [REDACTED] quoted above also indicate the superiority of cTDR over ACDF. The International Society for Advancement of Spine Surgery in its policy statement reported a growing body of Level 1 evidence that is compelling enough to no longer consider cTDR investigational. With short, intermediate, and long term follow-up, cTDR is a viable alternative to ACDF in select patients with symptomatic 1 and 2 level cervical radiculopathy and myelopathy. Based upon a review of the literature the requested services are likely to be more beneficial for treatment of the multiple level cervical disc disease than any available standard therapy. Therefore the requested 2 level C5-7 Total Disc Arthroplasty is medically necessary.