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| <b>Case Number:</b>   | CM14-0117183 |                              |            |
| <b>Date Assigned:</b> | 08/06/2014   | <b>Date of Injury:</b>       | 07/27/2011 |
| <b>Decision Date:</b> | 09/10/2014   | <b>UR Denial Date:</b>       | 07/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/25/2014 |

### 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 Neurological Surgery, and is licensed to practice in California. 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 28-year-old male who was reportedly injured on 7/27/2011. The mechanism of injury was a lifting injury. The most recent progress note dated 7/2/2014, indicated that there were ongoing complaints of neck pain that radiated in the right upper extremity. The physical examination demonstrated the following: cervical spine positive tenderness to palpation at multiple points in the midline of the mid-lower cervical spine; right upper extremity muscle strength 4/5; limited range of motion with pain; positive axial compression test; axial distraction test abnormal with relief of pain; positive Tinnel's test at right elbow; Decreased sensation of the right upper extremities at C5-T1 dermatomes. The patient was able to walk on heels with difficulty and complained of increased right shoulder pain and elbow tingling during heel walking and refused to walk on toes. A magnetic resonance image of the cervical spine, performed on 2/17/2014, revealed global progression of pathology at C5-C6 where there was a right lateral disc protrusion along with posterior osteophytes now measuring 3 mm. There was also mild right sided spinal canal stenosis with severe right and moderate left neural foraminal stenosis. There were multilevel hypertrophic changes within the remainder of the cervical spine with 2 mild-moderate neural foraminal stenosis. Previous treatment included cervical epidural steroid injections, physical therapy, massage therapy, acupuncture and medication. A request was made for preoperative history and physical including labs, assistant surgeon and a two day inpatient hospitalization and was not certified in the pre-authorization process on 7/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-operative history & physical including labs: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, pre-operative testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Merck Manual, Care of the Surgical Patient, Preoperative Evaluation.

**Decision rationale:** Physical examination should include not only areas affected by the surgical procedure but also the cardiopulmonary system and a search for any signs of ongoing infection. No preoperative tests are required in healthy patients undergoing operations with very low risk of significant bleeding or other complications. Abnormal results are more likely to be false positives than in patients with symptoms or risk factors. In symptomatic patients or in patients undergoing operations with a higher risk of significant bleeding or other complications, laboratory evaluation may include the following tests: complete blood count, urinalysis, serum electrolytes, creatinine and glucose. After review of the medical documentation provided, the requested surgical procedure has not been approved at this time. Therefore, the request for preoperative history and physical evaluation including lab work is deemed not medically necessary.

**Assistant surgeon: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Assistant surgeon.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic). Assistant surgeon, updated 8/22/2014.

**Decision rationale:** A surgical assistant is recommended as an option in more complex surgeries. After review of the medical documentation provided, it is noted that the requested surgical procedure has not been approved at this time. Therefore, the request for an assistant surgeon is deemed not medically necessary.

**2 Day inpatient hospitalization: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, length of stay.

**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 (Acute & Chronic). Hospital Length of Stay. Updated 8/4/2014.

**Decision rationale:** After review of the medical documentation provided, it is noted that the requested surgical procedure has not been approved at this time. Therefore, the request for 2 day inpatient hospital stay is deemed not medically necessary.

**Total disc arthroplasty 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, Neck & 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 (Acute & Chronic). Disc prosthesis. Updated 8/4/2014.

**Decision rationale:** Disc replacement is an understudy, with recent promising results of the cervical spine but not recommended for the lumbar spine. There is an increasing interest in spinal arthroplasty as an alternative to fusion in conjunction with cervical discectomy, but at this time, there are no comparative studies with other treatment modalities besides fusion. Longevity of this new procedure is unknown, which is important based on the targeted age of most patients who fit the current criteria for treatment. There is limited data in terms of mechanical failure and aseptic loosening. It has been noted that symptomatic adjacent segment disease leads to more surgery after fusion compared to less aggressive treatment is poorly founded, plus these devices appear at best to yield results equal to or only incrementally better than fusion for the same indications. Finally, the consequences of failure of an implant in close proximity to the spinal cord, the esophagus and the trachea are of concern. After review of current guidelines, there is not enough compelling evidence-based clinical studies showing long-term outcome of benefit with this procedure. Therefore, this request for a total disc arthroplasty C5-6 is deemed not medically necessary.