

Case Number:	CM14-0123657		
Date Assigned:	08/08/2014	Date of Injury:	01/22/2013
Decision Date:	09/11/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/05/2014

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 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 45-year-old female who sustained a vocational injury on 01/22/13 while working as a clinical specialist. She slipped and fell on a floor. The claimant previously underwent anterior microscope assisted discectomy at C5-6 and C6-7, placement of a sized interbody implants at C5-6 and C6-7; interbody fusion at C5-6 and C6-7, segmented instrumented anterior arthrodesis with plating at C5-C7 and intraoperative fluoroscopy and interpretation on 10/12/10. Most recent pertinent office note available for review is from 05/05/14 at which time the claimant was given a diagnosis of cervical spondylosis, spinal stenosis of the cervical region, cervical radiculitis, and arthralgia of the sacroiliac joint. The claimant was noted to be taking Fexmid, Tramadol, and Norco. On examination of the cervical spine it was noted that inspection and palpation were within normal limits. She had no obvious appreciable scoliosis. Range of motion was within normal limits. Muscle strength testing was 5/5 in all major muscle groups. Special tests for the nerve root disease were negative. With the exception of right deltoid and biceps weakness at 4/5 and diminished right biceps reflex, all other examinations were noted to be within normal limits. An MRI of the cervical spine without contrast from 03/26/14 showed post-therapeutic changes with satisfactory hardware anatomic alignment at the level of C5-6 and C6-7. At the postoperative levels of C5-6 and C6-7 there was no recurrent disc herniations and no spinal or neural foraminal stenosis. There was mild disc desiccation, disc bulge and mild spinal and neural foraminal narrowing at C3-4 and C4-5 with small bilateral neural foraminal disc protrusion and osteophyte complexes. There was minimal 2 mm signal cord abnormality at C4-5 suggestive of minimal cord gliosis and minimal cord atrophy. Otherwise the study was noted to be within normal limits and an overall negative study. Documentation presented for review fails to delineate a recent conservative course of treatment. The current request is for a C4-5 discectomy and total disc replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 C4-5 Discectomy and total disc replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180-181, 183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Indications for Surgery- Discectomy/ laminectomy; Washington, 2004; Persson, 1997.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180; 180-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Neck and Upper Back chapter Disc prosthesis Under study, with recent promising results in the cervical spine, but not recommended in the lumbar spine. While comparative studies with anterior cervical fusion yield similar results, the expectation of a decrease in adjacent segment disease development in long-term studies remains in question. And there is an additional problem with the long-term implications of development of heterotopic ossification. Additional studies are required to allow for a "recommended" status. These should include an evaluation of the subset of patient who will most benefit from this procedure as well as study of advantages/disadvantages of disc design and surgical procedure in terms of outcomes (particularly for development of heterotopic ossification and adjacent segment disease). This recommendation is based on balancing what we know so far about the benefits and the risks for the patient. Adjacent segment disease seems to be a natural aging process, and ADR has not proven any benefit in altering that progression. The risks of heterotopic calcification associated with ADR may make it a sure way to end up with a solid fusion, and major risks also include potential revisions and technical learning curve issues with widespread use.

Decision rationale: California MTUS ACOEM guidelines have been referenced and Official Disability Guidelines have also been supplemented for specific indications regarding disc prosthesis. Prior to recommending surgical intervention in the form of discectomy and disc prosthesis, both California MTUS ACOEM and Official Disability Guidelines support that there should be an attempt, documented failure, and exhaustive conservative treatment which should include antiinflammatories, activity modification, home exercise program, formal physical therapy, and consideration of injection therapy, acupuncture, chiropractic treatment, or modalities prior to considering or recommending surgical intervention. Currently there is no documentation the claimant has attempted, failed, and exhausted a formal course of conservative treatment prior to considering and recommending surgical intervention. In addition, disc prosthesis of the cervical spine are currently under study and not currently considered medically necessary or superior to discectomy alone or discectomy with fusion. Documentation presented for review also fails to establish that there is significant abnormal physical exam objective findings which would necessitate earlier surgical intervention. Furthermore, based on the documentation presented for review and in accordance with California MTUS ACOEM and Official Disability Guidelines the request for 1 C4-5 Discectomy and total disc replacement is not medically necessary and appropriate.

1 Surgery assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Services, Physician Fee Schedule Search, (<http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>).

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 chapter - Surgical Assistant Milliman Care Guidelines® Inpatient and Surgical Care 18th Edition Assistant Surgeon Guidelines (Codes 21742 to 22849)CPT®Y/NDescription22846YAnterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure).

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

1 Cervical soft collar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175; 181 Table 8-8.

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