

Case Number:	CM14-0135860		
Date Assigned:	09/03/2014	Date of Injury:	12/02/2008
Decision Date:	10/07/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/22/2014

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 patient is a 58 year old male who sustained an industrial injury on 12/2/2008. He is an insulin dependent diabetic. He has not worked since his DOI. The patient received a C7-T1 ESI on 1/29/2014. According to the PTP PR-2 of [REDACTED] dated 4/7/2014, the patient was last seen by [REDACTED] on 3/11/2014 who diagnosed advanced DDD particularly at C6-7. The patient has a normal bone mineral density scan. He is deemed a candidate for an ADR at C6-7, which was denied on 3/28/2014. Overall worsening of his condition, particularly turning his head to the left. Physical examination documents ongoing cervical spine tenderness, global decreased ROM particularly with left lateral rotation, and positive left Hoffman's. Impression is ongoing cervical radiculopathy with surgery recommended. According to the PTP PR-2 of [REDACTED], dated 5/12/2014, the patient was seen by [REDACTED] and [REDACTED] on 4/11/2014 who requested C6-7 disc arthroplasty. The patient continues complaints of significant neck pain with decreased ROM. Pain is gradually worsening mostly on the left side, radiating down the left arm along the biceps and deltoid muscles on the left. Walking tolerance is 3-4 blocks. Physical examination documents antalgic gait, markedly diminished cervical ROM particularly on the left, 4.5/5 left wrist flexion and extension strength, positive left Spurling's, and negative Hoffman's bilaterally. Impression is ongoing cervical radiculopathy. A second opinion surgical consultation was requested with [REDACTED]. The patient had a new patient orthopedic surgical consult with [REDACTED] on 6/25/2014, for surgical second opinion regarding chronic cervical and left upper extremity radicular complaints. He had an injection with [REDACTED] no relief. The patient presents with cervical slight more so than left upper extremity radicular pain, vaguely and generally C6 and 7 dermatomal. He also complains of lumbar and left leg radicular complaints. Pain is rated 9/10, slightly improved with pain medications. Medications include Metformin, aspirin and other diabetic medications. Examination shows limited left greater than right lateral

bend and mildly limited left lateral rotation and extension, 4/5 left triceps strength, left C6 and C7 hypesthesia, and symmetric hyporeflexic reflexes. The physician describes reviewing multiple, relatively poor quality cervical and lumbar MRI images. A 10/03/13 cervical MRI reportedly reveal moderately large left paracentral 6-7 protrusion with some left sided cord deformation and stenosis at the entrance of that foramen, the 5-6 protrusion is bilobar but it is larger and more prominent left sided. Diagnosis is chronic cervical and left upper extremity radiculopathy with C7 weakness deficit in the setting of mid and caudal cervical spondylosis and cervical spondylosis, most remarkable left C6-7 but significant and bilobar at C5-6 least C4-5. The patient reports having had electrodiagnostic testing, but these results were not provided for [REDACTED] review. Based on review of MRI and plain x-rays, [REDACTED] agrees with [REDACTED] and his colleagues that the patient is a candidate for cervical surgery, however recommends decompression and reconstruction at C5-6 and C6-7, because of significant stenosis at C5-6 as well. [REDACTED] would recommend decompression and reconstruction at C5-6 and C6-7, and would favor a Hybrid approach with ACDF at C6-7 and a ProDisc C TDR at 5-6, rather than the surgery recommended by [REDACTED], which is a C6-7 ProDisc C TDR.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5/6 Artificial Disk Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Arthroplasty; Disc prosthesis

Decision rationale: CA MTUS is silent regarding the request. According to the Official Disability Guidelines, arthroplasty is under study, with recent promising results in the cervical spine, but not recommended in the lumbar spine. Per the guidelines, recommended exclusions for this procedure include: Suggested exclusions include evidence of facet arthritis, spinal instability or significant deformity. While patients with myelopathy are suggested as candidates this is precluded if there is evidence of multilevel pathology or significant degeneration. Other suggested exclusions include the following: (1) axial neck pain as the solitary presenting symptom; (2) osteoporosis/ osteopenia; (3) spinal stenosis by hypertrophic spondyloarthrosis; (4) severe spondylosis (defined as bridging osteophytes, a loss of disc height greater than 50%, or absence of motion at less than 2%); (5) active infection; (6) material allergies; (7) presence of underlying comorbid disease such as HIV, hepatitis B or C, insulin-dependent diabetes, and/or autoimmune spondyloarthropathies such as rheumatoid arthritis; & (8) morbid obesity (BMI > 40). As of yet there are no recommendations for precautions in terms of underlying psychiatric pathology, smoking history, current drug use history, workers' compensation status, or litigation status. This patient is an insulin dependent diabetic. In addition, he has multilevel disc disease. According to the literature, the cervical disc was approved when used for FDA indications at a single level and with no contraindications. Studies have yet to demonstrate that CDA consistently and significantly reduces adjacent segment disease, and this was an important

rationale behind CDA. Furthermore, contraindications of CDA, such as spondylotic changes, resulted in exclusion of many patients. According to the literature, artificial disc acceptance has been poor. The patient is not a candidate for disc arthroplasty. The medical records fail to establish the patient is a candidate for the proposed procedure. The medical necessity of the request has not been established.

C6/7 Anterior Cervical Decompression Fusion Instrumentation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Fusion, anterior cervical

Decision rationale: According to CA MTUS/ACOEM, "The efficacy of cervical fusion for patients with chronic cervical pain without instability has not been demonstrated". The Official Disability Guidelines state anterior fusion is recommended as an option in combination with anterior cervical discectomy for approved indications, although current evidence is conflicting about the benefit of fusion in general. The medical records do not establish exhaustion of conservative and less-invasive measures. The medical records do not include recent imaging studies that clearly demonstrate a surgical lesion. In addition the patient is an insulin dependent diabetic and is not a candidate for cervical disc arthroplasty. The medical records do not establish the patient is candidate for the proposed cervical procedure.

Pre-op Labs: Upheld

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) Low back, Preoperative testing, general

Decision rationale: CA MTUS is silent regarding this request. The medical records do not establish the proposed cervical procedure is indicated and medically necessary. Pre-operative labs are not warranted.

Pre-op chest x-ray: Upheld

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) Low back, Preoperative testing, general

Decision rationale: CA MTUS is silent regarding this request. The medical records do not establish the proposed cervical procedure is indicated and medically necessary. Pre-operative studies are not warranted.

Pre-op EKG: Upheld

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) Low back, Preoperative electrocardiogram (ECG)

Decision rationale: CA MTUS is silent regarding this request. The medical records do not establish the proposed cervical procedure is indicated and medically necessary. Pre-operative studies are not warranted.