

Case Number:	CM14-0077713		
Date Assigned:	09/05/2014	Date of Injury:	02/19/2011
Decision Date:	12/17/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/27/2014

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 Orthopaedic 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:

This 39-year-old female deputy sheriff sustained an industrial injury on 2/19/11. The patient reported neck and back pain due to work activities and equipment use. The 10/2/13 cervical spine MRI impression documented severe left neuroforaminal narrowing at C5/6 secondary to left foraminal disc protrusion and uncovertebral hypertrophy. Findings could be associated with a left C6 radiculopathy. The 4/21/14 treating physician report cited continued cervical spine symptoms with chronic headaches, tension between the shoulder blades, and migraines. She had left upper extremity radiculopathy greater than right. She had failed one cervical epidural steroid injection on 4/4/14 and had 8 chiropractic treatments. Cervical spine exam documented tenderness at the cervical paravertebral and upper trapezial muscles with spasms. There was painful and restricted range of motion. Spurling's was positive. There was dysesthesia in the C5 and C6 dermatomal pattern involving the lateral forearm and hand. Motor strength was no greater than 3+ to 4- in the wrist extensors and biceps. There was some atrophy in the biceps regions, not previously visualized. The time cited a progressive neurologic deficit in the upper extremities with dropping items. There was some weakness and atrophy of the biceps and triceps muscle group. The treatment plan recommended C5/6 anterior cervical microdiscectomy with implantation of hardware. There appeared to be some inherent instability on the plain radiographs and MRI. Reduction of the listhesis will be done concurrently. The treating physician indicated that a pre-surgical psychological screen was not warranted or necessary as there was no history of psychological issues. The treating physician discussed the intention of using a ProDisc-C total disc replacement. If the disc prosthesis was unsuccessful, a cervical fusion was planned. The patient was continuing to work full duty. The 5/16/14 utilization review denied the request for cervical spine surgery given the absence of guideline support for artificial

disc replacement and no evidence of spondylolisthesis on imaging to warrant reduction of listhesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 Anterior Cervical Discectomy with Implantation of Hardware and Reduction of Listhesis: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Discectomy-Laminectomy-Laminoplasty, Fusion, Anterior Cervical

Decision rationale: The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) recommend anterior cervical fusion as an option with anterior cervical discectomy if clinical indications are met. Surgical indications include evidence of motor deficit or reflex changes that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. The California MTUS are silent regarding artificial disc replacement. The ODG, updated 11/18/14, indicate that disc prostheses remain under study. 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 DDD who have failed at least six weeks of non-operative treatment and present with arm pain and functional/ neurological deficit. At least one of the following conditions should be confirmed by imaging (CT, MRI, X-ray): (1) herniated nucleus pulposus; (2) spondylosis (defined by the presence of osteophytes); & (3) loss of disc height. Artificial disc replacement is also recommended for myelopathy. Guideline criteria have been met. This patient presents with persistent cervical complaints and positive clinical and imaging findings of nerve root compression at the C5/6 level. Evidence of reasonable conservative treatment failure is documented. The patient meets current inclusionary criteria for total disc replacement. Therefore, the request is medically necessary.

Cervical Collar: Minerva Mini Collar # 1 and Miami J Collar with Thoracic Extension # 1: 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), Neck and Upper Back, Cervical Collar, Post-Operative (Fusion).

Decision rationale: The California MTUS guidelines are silent regarding post-operative cervical collars. The Official Disability Guidelines state that cervical collars may be appropriate where post-operative indications exist. The use of a cervical collar would be appropriate for this patient to support the surgical construct. Therefore, this request is medically necessary.

Bone Stimulator: 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), Neck and Upper Back, Bone-Growth Stimulators (BGS).

Decision rationale: The California MTUS guidelines are silent regarding bone growth stimulators. The Official Disability Guidelines indicate that the use of bone growth stimulation remains under study for the cervical spinal fusion. Bone growth stimulators may be considered medically necessary as an adjunct to lumbar fusion for patients with any of the following risk factors for failed fusion: one of more previous failed spinal fusion(s); grade III or worse spondylolisthesis; multilevel fusion; current smoking habit; diabetes, renal disease, or alcoholism; or significant osteoporosis. Guideline criteria have not been met. There is no evidence that this patient will undergo fusion, an artificial disc replacement is planned. There are no specific risk factors for failed fusion documented. Therefore, the request is not medically necessary.

Assistant Surgeon: 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 Centers for Medicare and Medicaid services, Physician Fee Schedule

Decision rationale: The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT codes 63075 and 22857, there is a "2" in the assistant surgeon column for each procedure. Therefore, based on the stated guideline and the complexity of the procedure, the request is medically necessary.

Medical Clearance: 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 Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met based on the magnitude of surgical procedure, recumbent position, fluid exchange and the risks of undergoing anesthesia. Therefore, the request is medically necessary.

Inpatient Stay 2-3 Days: 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), Neck and Upper Back, Hospital Length of Stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The median stay for artificial disc replacement is documented as 3 days. A best practice target is not provided. Guideline criteria have been met for inpatient length of stay up to 3 days. Therefore, this request is medically necessary.