

Case Number:	CM14-0099500		
Date Assigned:	08/11/2014	Date of Injury:	11/23/2012
Decision Date:	09/11/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/27/2014

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 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 37-year-old male [REDACTED] Patrol officer sustained an industrial injury on 11/23/12 relative to a serious motor vehicle accident. The 2/1/13 lumbar MRI impression documented L3/4 disc protrusion with nerve root exit zone compromise, and borderline spinal stenosis. There was an L4/5 disc protrusion with findings consistent with annular tear and moderate bilateral neuroforaminal exit zone compromise with spinal stenosis. There was an L5/S1 disc protrusion resulting in moderate to high-grade right and moderate left neuroforaminal exit zone compromise. The 2/1/13 cervical MRI impression documented C3/4 disc bulge and C4/5 disc desiccation and degeneration. There was a prominent C5/6 disc protrusion with central spinal stenosis, mass effect on the cord, and high-grade left and moderate right neuroforaminal exit zone compromise. The 6/6/14 spinal surgery report cited persistent neck and low back pain with left upper extremity numbness and tingling paresthesias. He reported worsening symptoms after returning to work in December 2013 and was unable to wear his gun belt and protective gear. Symptoms interfered with daily activities and work. Cervical MRI findings showed desiccation C2/3 through C4/5 with moderate disc space narrowing and a moderately severe C5/6 disc herniation with spinal cord compression and deformity, moderate central stenosis, and severe left/moderate right foraminal stenosis. The lumbar MRI findings showed L4/5 and L5/S1 desiccation with narrowing, greater at L4/5. There was a severe L4/5 disc bulge and annular tear and smaller bulges at L3/4 and L5/S1. The treatment plan recommended C5/6 and L4/5 artificial disc replacement/total disc arthroplasty and associated services. The 6/16/14 utilization review denied the requests for cervical and lumbar artificial disc replacement and associated requests based on a failure to meet guideline indications.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-C6 artificial disc replacement/total disc arthroplasty: Upheld

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

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, Disc prosthesis.

Decision rationale: The California MTUS are silent regarding artificial disc replacement (ADR). The Official Disability Guidelines indicate that cervical ADR is under study. 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. 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. 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. Guideline criteria have not been met. This patient presents with multilevel cervical degenerative disc disease which fails to meet the criteria of single level disease. Therefore, the request for C5-C6 artificial disc replacement/total disc arthroplasty is not medically necessary and appropriate is not medically necessary.

Orthopedic surgery assistant & Inpatient stay: 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, Hospital length of stay (LOS) Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule.

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

L4-L5 artificial disc replacement/total discarthroplasty: 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 - Lumbar & Thoracic, Disc prosthesis.

Decision rationale: The California MTUS are silent regarding artificial disc replacement (ADR). The Official Disability Guidelines state that ADR is not recommended. The studies have failed to demonstrate superiority of disc replacement over lumbar fusion, which is also not a recommended treatment in ODG for degenerative disc disease. Furthermore, longevity of this procedure is unknown, especially in younger patients and the consequences of failure of an implant in close proximity to caudal equina and vital organs (e.g., aorta, vena cava and iliac arteries) are of concern. Indications for use include primary back pain and/or leg pain in the absence of nerve root compression with single level disease. Guideline criteria have not been met. Guidelines do not recommended lumbar ADR, particularly relative to younger patients given the unknown longevity of the procedures. This patient is only 37 years old and presents with multilevel lumbar degenerative disc disease which also fails to meet a general ADR indication of single level disease. Therefore, the request for L4-L5 artificial disc replacement/total discarthroplasty is not medically necessary and appropriate.

Vascular surgery assistant & inpatient 2-3 days: 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 Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule.

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

Pre-op office visit: history & physical: 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 Other Medical Treatment Guideline or Medical Evidence: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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 Other Medical Treatment Guideline or Medical Evidence: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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 Other Medical Treatment Guideline or Medical Evidence: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.