MAXIMUS Federal Services

Case Number:	CM14-0076100		
Date Assigned:	08/08/2014	Date of Injury:	06/20/2011
Decision Date:	01/08/2015	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/23/2014

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:

This is a 41 year old female with a 6/20/11 injury date. In an 8/17/14 note, the patient complained of persistent pain in her lower neck, radiating left posterior arm pain to her small finger, diffuse bilateral numbness and tingling of her hands and arms, and numbness in both hands at night. She has been off work for 2 years. She tried returning to light duty but could not tolerate this well. Objective findings included cervical midline tenderness, cervical flexion to 30 degrees, extension to 10 degrees, negative Spurling's, 5/5 strength bilaterally, sensation intact C4-T1 dermatomes bilaterally, and symmetric reflexes. Cervical x-rays revealed kyphotic alignment of about 14 degrees and moderate spondylosis at C5-6 and C6-7. A 1/20/12 cervical MRI revealed degenerative changes and disc osteophyte complexes from C4-7, no central stenosis, and mild foraminal narrowing at left C4-5 and C6-7. Upper extremity EMG's were normal. The provider stated that they have requested surgery several times with no approval. This off-label hybrid technique is being requested to address discogenic pain, kyphosis, and limit risk of adjacent-segment disease. Diagnostic impression: cervical degenerative disc disease, spondylosis.Treatment to date: physical therapy, chiropractic care, acupuncture, medications, home traction, epidural steroid injection.A UR decision on 5/5/14 denied the requests for bilateral cervical C4-5 discectomy with artificial disc replacement and anterior cervical discectomy and fusion (ACDF) at C5-7 because there was no evidence of marked progression of symptoms or neurologic deterioration, myelopathy, or spinal instability. In addition, the use of fusion at one level and disc replacement at another represents a hybrid procedure and is off label. The requests for Miami J collar and two inpatient hospital stays were denied because the associated surgical procedures were not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral cervical C4-5 discectomy with artificial disc replacement at bilateral C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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: Jia Z, Mo Z, Ding F, He Q, Fan Y, Ruan D. Hybrid surgery for multilevel cervical degenerative disc diseases: a systematic review of biomechanical and clinical evidence. Eur Spine J. 2014 Aug;23(8):1619-32.

Decision rationale: CA MTUS and ODG do not address the issue of hybrid cervical disc replacement/fusion procedures. In a 2014 article by Jia Z et al, the conclusion was that there is a paucity of high quality evidence for hybrid surgery (HS). HS may be a safe and efficacious technique to benefit a select group of multilevel cervical DDD, which is needed to be confirmed by further prospective, randomized controlled trials. They reviewed and analyzed 15 studies and found that the overall quality of evidence for HS was low to very low. However, the safety and efficacy of procedures utilizing both cervical fusion and disc replacement has not been demonstrated in the evidence-based guidelines and literature. In addition, the proposed procedure addresses the MRI pathology but does not address or associate this pathology with specific physical exam findings. Therefore, the request for bilateral cervical C4-5 discectomy with artificial disc replacement at bilateral C4-5 is not medically necessary.

Anterior cervical discectomy at C5-7 and fusion at C5-7: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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: Jia Z, Mo Z, Ding F, He Q, Fan Y, Ruan D. Hybrid surgery for multilevel cervical degenerative disc diseases: a systematic review of biomechanical and clinical evidence. Eur Spine J. 2014 Aug;23(8):1619-32.

Decision rationale: CA MTUS and ODG do not address the issue of hybrid cervical disc replacement/fusion procedures. In a 2014 article by Jia Z et al, the conclusion was that there is a paucity of high quality evidence for hybrid surgery (HS). HS may be a safe and efficacious technique to benefit a select group of multilevel cervical DDD, which is needed to be confirmed by further prospective, randomized controlled trials. They reviewed and analyzed 15 studies and found that the overall quality of evidence for HS was low to very low. However, the safety and efficacy of procedures utilizing both cervical fusion and disc replacement has not been demonstrated in the evidence-based guidelines and literature. In addition, the proposed procedure addresses the MRI pathology but does not address or associate this pathology with specific

physical exam findings. Therefore, the request for anterior cervical discectomy at C5-7 and fusion at C5-7 is not medically necessary.

Miami J collar: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Two inpatient hospital days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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