

<b>Case Number:</b>	CM15-0139633		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	08/08/2012
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

### 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 49 year old male, who sustained an industrial injury on 8-8-12. The injured worker was diagnosed as having cervical herniated nucleus pulposus, cervical stenosis, cervical pain, and cervical degenerative disc disease. Treatment to date has included cervical fusion at C4-5 and C5-6, physical therapy, and medication. Physical examination findings on 6-17-15 included severe restricted movement of the spine and tenderness at the C3-4 and C6-7 levels. A MRI revealed C3-4 severe disc degeneration with severe narrowing of the disc space and end plate changes. A broad based bulge and an osteophytic ridge with central protrusion was seen. Currently, the injured worker complains of neck pain. The treating physician requested authorization for cervical C3-4 arthroplastic disc replacement C6-7, an assistant surgeon, and a 3 day inpatient stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical C3-4 ADR arthroplastic disc replacement/C6-7: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of Neurosurgery Spine 2015 January, 22 (1): 15/25, 2 level total disc replacement with Mobic-C cervical artificial disc versus anterior discectomy and fusion: A prospective, randomized, controlled multicenter clinical trial with four year follow-up results Davis, et al and Spine 2015 May 15; 40 (10) 6 74/83, Long-term outcomes of the US FDA IDE prospective, randomized controlled clinical trial comparing PCM cervical disc arthroplasty with anterior cervical discectomy and fusionPhillips FM, et al.

**Decision rationale:** The injured worker complains of neck pain status post fusion at C4-5 and C5-6 with severe degenerative disc disease at C3-4 and a central protrusion at C6-7. Modic-2 endplate changes are noted at C3-4. On examination he is tender in these 2 areas. There is some evidence of radicular pain and decreased sensation in the left fourth and fifth fingers. Documentation indicates that he requires high doses of narcotics for pain control. Flexion/extension films do not show any instability. There is a residual kyphosis of the fusion from C4-C6 measuring 12.3 degrees. In light of the adjacent segment disease above and below the fusion the provider is requesting artificial disc replacement for these 2 levels to preserve some motion and probably achieve a better result compared to fusing those 2 levels. California MTUS guidelines are silent on this issue. ODG guidelines do not comment on two level artificial disc replacement. Current literature is therefore utilized. Four year results from the above referenced study continue to support TDR as a safe, effective, and statistically superior alternative to ACDF for the treatment of degenerative disc disease at 2 contiguous cervical levels. In another study long-term results show good clinical outcomes after ACDF and PCM arthroplasty. PCM patients showed greater improvement in the neck disability index and neck pain scores with a lower rate of radiographical adjacent level degeneration and a trend towards fewer secondary surgical procedures. These data support PCM arthroplasty to be a viable and sustainable alternative to ACDF. As such under extenuating circumstances in this case the requested C3-4 ADR and C6-7 ADR are supported and the medical necessity of the surgical request is established. The request is medically necessary.

**Assistant surgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**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, Surgical Assistant and Other Medical Treatment Guidelines American Academy of Orthopedic Surgeons / American College of Surgeons Assistant in Surgery guidelines.

**Decision rationale:** California MTUS guidelines do not address this topic. Alternate guidelines are therefore used. ODG guidelines recommend an assistant surgeon for complex procedures. The requested procedure is clearly complex. As such, the request for an assistant surgeon is supported by guidelines and the medical necessity is established. The request is medically necessary.

**Associated surgical services: In-patient stay of 3 days: Upheld**

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

**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.

**Decision rationale:** ODG guidelines recommend the median length of stay of 1 day for insertion of a total spinal disc prosthesis in the cervical spine. The request as stated is for 3 day length of hospital stay which exceeds the guideline recommendations. As such, the medical necessity of the request has not been substantiated. The request is not medically necessary.