

Case Number:	CM15-0197077		
Date Assigned:	10/20/2015	Date of Injury:	01/01/1995
Decision Date:	12/01/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/06/2015

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: Illinois, California, Texas
 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:

This injured worker is a 61-year-old male who sustained an industrial injury on 1/1/95. The mechanism of injury was not documented. The 7/20/15 spine surgery report cited worsening neck pain over the past 3 months, with no upper extremity paresthesias. He was status post radiofrequency ablations and trigger point injections without significant relief. Physical exam documented 5/5 strength in the bilateral upper and lower extremities, intact sensation all dermatomes, and 1+ reflexes throughout. Hoffman's was negative and Babinski down going. Previous imaging showed C3-C7 spondylosis, slight kyphosis at C3/4, and foraminal stenosis from C3-C7. An updated cervical MRI was requested. The 7/20/15 cervical spine x-ray impression documented disc space narrowing throughout the cervical spine, mild motion at C2/3, alignment otherwise normal, uncinete spurs at several levels, and very mild scoliosis of the cervical spine. The 8/7/15 cervical spine MRI impression documented straightening of the cervical lordosis with diffuse disc desiccation. There was a 1 mm broad-based disc bulge at C3/4 effacing the ventral CSF space with mild to moderate left foraminal narrowing. At C4/5, there was a 1 mm broad-based disc bulge effacing the ventral CSF space with moderate to severe left neuroforaminal, mass effect on the traversing left L5 nerve root, and mild foraminal narrowing. At C5/6, there was a 1 mm broad-based disc bulge effacing the ventral CSF space, moderate left and mild right foraminal narrowing, and abutment of the exiting left C5 nerve root. At C6/7, there was a 1 mm broad-based disc bulge effacing the ventral CSF space with mild bilateral foraminal narrowing. The 8/17/15 spine surgery follow-up note indicated that the MRI showed C4/5 and C5/6 spondylosis and stenosis. Wrist extension was now weaker at 4-/5 bilaterally. The

injured worker would be an excellent candidate for C4/5 and C4/5 artificial disc replacement. The 8/25/15 treating physician report cited on-going, now chronic left-sided neck pain. Pain was localized to the neck without any radiation into the scapular region or upper extremities. Symptoms were reported gradually and progressively getting worse. He had frequent to constant discomfort, aggravated by laying down flat. Conservative treatment had included trigger point injections, facet injections, nerve ablation, and physical therapy without improvement. He had a surgical consultation with recommendation for 2 to 3-level cervical disc replacements. Physical exam documented restricted and painful cervical range of motion and negative Spurling's maneuver. There was focal tenderness about C2 in the posterior paraspinal soft tissues with triggering of typical neck symptoms on palpation. Neurologic exam documented intact motor strength and sensation in the upper extremities, and symmetrical upper extremity deep tendon reflexes. The diagnosis was cervical spondylosis and degenerative disc disease. Surgical consultation with another spine surgeon was recommended. The spine surgeon requested authorization on 8/27/15 for artificial disc replacement at C4-C6. The 9/14/15 utilization review non-certified the request for artificial disc replacement at C4-C6 as guidelines did not support the use of artificial disc replacement for multilevel cervical degeneration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Artificial disc replacement at C4-C6: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back (Online Version) Disc prosthesis.

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. The Official Disability Guidelines indicate that disc prostheses are 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. And 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. There is limited guideline support for the use of cervical ADR with additional studies required to allow for a recommended status. This patient presents with multilevel cervical degenerative disc disease which fails to meet the criteria of single level disease. Therefore, this request is not medically necessary.