

Case Number:	CM15-0022003		
Date Assigned:	02/11/2015	Date of Injury:	11/23/2012
Decision Date:	03/27/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/05/2015

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:

The injured worker is a 38-year-old male who sustained an industrial injury on 11/23/12 relative to a motor vehicle accident. The 11/7/14 cervical MRI impression documented single level positive findings at C5/6/6 with left disc protrusion compressing the thecal sac in the left lateral recess with mild cord compression. There was no imaging evidence of central or foraminal stenosis, or disc bulges at all other levels. The 11/7/14 lumbar MRI impression documented a central disc protrusion at L4/5/5 with a small annular tear resulting in mild central canal stenosis, bilateral lateral recess stenosis, and mild to moderate lumbar degenerative facet disease with mild bilateral foraminal narrowing. The 12/17/14 treating physician report indicated the injured worker had hyperreflexia in his left upper and left lower extremity as well as clonus in his left ankle. Recent MRI confirmed persistent left paracentral C5/6 disc herniation with spinal cord compression. Diagnoses included left herniated pulpous C5/6 with cord compression, spinal stenosis in the cervical region, and cervical spondylosis with myelopathy, cervicocranial syndrome, and cervicobrachial syndrome, severe L4-L5 degenerative disc disease, and lumbosacral spondylosis without myelopathy. Treatment to date has included cervical and lumbar epidural steroid injection, acupuncture, physical therapy, and medications. The treatment plan requested C5/6 total disc arthroplasty with fluoroscopy, in patient stay for 3 days, pre-op history and physical, and orthopedic assistant surgeon, and L5/S1 artificial disc replacement with fluoroscopy, in-patient hospital stay for 3 days, pre-op history and physical, and vascular assistant surgeon. On 01/23/2015 Utilization Review non-certified the request for C5-6 total disc arthroplasty, and cited was Official Disability Guidelines. The surgery has been denied, and

therefore the Fluoroscopy, inpatient hospital stay, pre-operative history and physical, and orthopedic assistance is denied. The request for artificial disc replacement, L4-5 was non-certified and cited was Official Disability Guidelines. The surgery has been denied therefore fluoroscopy, inpatient hospital stay for 3 days, preoperative history and physical, and vascular assistant is denied. The 2/6/15 treating physician report appealed the denial of C5/6 artificial disc replacement. Clinical exam findings documented diffuse hyperreflexia most prominently of the left biceps and bilateral patella, 3-beat clonus of the left ankle, and 4/5 weakness of the left biceps, left thumb extensor, and left hand abductor digiti quinti. He reported persistent cervical myelopathy with newly developed left upper extremity radiculopathy, and failure of conservative treatment. A C5/6 artificial disc replacement was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Artificial 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: 13th edition, 2015, Low Back, Disc Prosthesis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Low Back Lumbar & Thoracic: Disc prosthesis

Decision rationale: The California MTUS guidelines do not recommend artificial disc replacement and state this should be regarded as experimental at this time. Official Disability Guidelines, updated 3/24/15, state that artificial disc replacement 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. FDA approved indications are listed as failure of 6 months non-operative treatment, skeletally mature patient, single disc only, no infection, no sensitivity to implant materials, and no osteoporosis or spondylosis. Guideline criteria have not been met. Records indicated that the patient had low back pain with occasional buttocks symptoms and numbness of the toes. There was bilateral patellar hyperreflexia and 3 beat ankle clonus. There is imaging evidence of bilateral lateral recess stenosis and the patient was diagnosed with lumbar spondylosis. There is no compelling reason to support the medical necessity of a artificial disc replacement at L4/5 in the absence of guideline support and with clinical findings of plausible nerve root compression. An appeal of the utilization review denial was not found in the medical records relative to this request. Therefore, this request is not medically necessary.

associated surgical service: Ortho Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: 13 edition, 2015, 2015 Neck and upper back, regarding "Dis Prosthesis"

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Lumbar & Thoracic: Surgical Assistant

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

associated surgical service: Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: 13th Edition, 2015, Low Back, Dis prosthesis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Lumbar & Thoracic: Fluoroscopy

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

associated surgical service: In-Patient Hospital Stay (days) QTY:3.00: 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 Low Back, Lumbar & Thoracic: Hospital length of stay (LOS)

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

associated surgical service: Vascular assistant surgeon: 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 Low Back, Lumbar & Thoracic: Surgical Assistant

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

associated surgical service: Pre-OP H & P: 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 Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

C5-6 total Disc arthroplasty, artificial disc replacement QTY:1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 13th Edition, 2015, Neck and upper back regarding "Disc Prosthesis".

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 been met. This patient presents with persistent neck and upper extremity radicular pain despite at least 6 weeks of non-operative treatment. Clinical exam findings are consistent with imaging evidence of C5/6 disc protrusion and spondylosis with cord compression. Therefore, this request is medically necessary at this time.

associated surgical service: Fluoroscopy QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: 13th Edition, 2015, Low Back, Dis prosthesis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back: Fluoroscopy

Decision rationale: The California MTUS guidelines do not provide recommendations for fluoroscopy. The Official Disability Guidelines generally support fluoroscopy for neurosurgical

guidance and this would be considered a standard protocol for artificial disc replacement. Therefore, this request is medically necessary.

associated surgical service: In-Patient Hospital Stay (days) QTY: 3.00: 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 Neck and Upper Back: Hospital length of stay (LOS)

Decision rationale: The California MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery. The median length of stay for artificial disc replacement is 3 days. This request is consistent with guidelines. Therefore, this request is medically necessary.

associated surgical service: Pre-op H&P QTY:1.00: 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 Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93

Decision rationale: The California Official Medical Fee Schedule states that, under most circumstances, including ordinary referrals, the immediate preoperative visit in the hospital or elsewhere necessary to examine the patient, complete the hospital records, and initiate the treatment program is included in the listed value for the surgical procedure. There is no compelling reason to support the medical necessity of a separate certification for the history and physical which is part of the pre-operative process. Therefore, this request is not medically necessary.