

Case Number:	CM15-0046308		
Date Assigned:	03/18/2015	Date of Injury:	08/06/2013
Decision Date:	04/23/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/11/2015

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 50-year-old female who sustained an industrial injury on 8/6/13, relative to a bus accident. Past medical history was positive for diabetes and thyroid issues. The 3/29/14 cervical spine MRI with flexion/extension impression documented grade 1 spondylolisthesis at C3/4 and a disc protrusion with spinal canal narrowing. At C6/7, there was a caudally dissecting disc extrusion that abuts the spinal cord producing spinal canal narrowing. Disc desiccation was noted throughout the cervical spine, with decreased disc height and spondylosis C6/7. The 10/1/14 treating physician report documented the injured worker's body mass index was 41.1. The 10/15/14 cervical spine x-rays documented straightening of the cervical lordosis in neutral position with forward head carriage. Stability was maintained in flexion and extension. The 1/29/15 upper extremity electrodiagnostic study was supportive for right C5 radiculopathy. Conservative treatment has included physical therapy, chiropractic manipulation, acupuncture and epidural steroid injection (ESI). The 2/16/15 treating physician report cited constant neck and right trapezial and deltoid pain radiating to right arm. Medications included naproxen, Prilosec, and gabapentin. Physical exam documented normal cervical range of motion, 3+/5 right triceps weakness, 4-/5 right wrist flexor weakness, normal sensation, and absent upper extremity deep tendon reflexes. The diagnosis included acquired spondylolisthesis and cervical intervertebral disc displacement. The injured worker had reportedly failed epidural steroid injection and physical therapy. The treatment plan recommended updated cervical MRI as there was worsening triceps weakness. Authorization was requested for C6-7 anterior discectomy and total disc replacement, or possible fusion. The 2/26/15 utilization review denied the request for

C6/7 anterior discectomy with total disc arthroplasty, possible arthrodesis with instrumentation, and a cervical vista collar, based on an absence of imaging documentation in light of symptom progression.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 ANTERIOR DISCECTOMY AND TOTAL DISC ARTHROPLASTY, POSSIBLE ARTHRODESIS W/INSTRUMENTATION; DME CERVICAL VISTA COLLAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disabilities Guidelines Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Disc prosthesis; Collars (cervical).

Decision rationale: The California MTUS guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The MTUS are silent regarding artificial disc replacement. The Official Disability Guidelines (ODG) provide specific indications for anterior cervical discectomy, and support anterior fusion if clinical indications are met. Surgical indications include evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or a positive Spurling's test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. The ODG 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-artificial disc replacement (ADR) devices (based on protocols of randomized-controlled trials) are for patients with intractable symptomatic single-level cervical degenerative disc disease who have failed at least six weeks of non-operative treatment and present with arm pain and functional/ neurological deficit. Suggested exclusions included body mass index greater than 40. Guideline criteria have not been met. The patient presents with constant radicular neck pain and worsening right C6/7 myotomal weakness consistent with imaging evidence of a disc extrusion at C6/7. 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. The reported body mass index is greater than 40 which is a recommended exclusion. Although anterior cervical discectomy and fusion would be supported, the addition of artificial disc replacement is not supported. Therefore, this request is not medically necessary.