

Case Number:	CM15-0049713		
Date Assigned:	03/23/2015	Date of Injury:	03/21/2012
Decision Date:	05/06/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/16/2015

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 53-year-old male who sustained an industrial injury on 3/21/12. Injury occurred when he lost his balance and fell from a two-step ladder. He sustained a left wrist fracture. Past surgical history was positive for right carpal tunnel release on 8/12/13. The 11/28/14 cervical spine MRI impression documented disc and osteophyte disease, facet arthropathy, ligamentum flavum redundancy contributing to mild to moderate C4/5, C5/6, and mild C6/7 spinal canal stenosis. There was uncovertebral spurring and facet arthropathy contributing to moderate to severe left C3/4, moderate bilateral C4/5, and moderate bilateral C5/6 and C6/7 neuroforaminal stenosis. There was multilevel facet disease. There was slight progression of facet disease, particularly on the left at C2/3 and C3/4. The 2/19/15 treating physician report letter stated that the injured worker would do better with a hybrid surgery including total disc replacement at C5/6 because of the advantages of motion preservation with anterior cervical discectomy and fusion at C6/7. The 3/2/15 utilization review non-certified the request for hybrid surgery with C5/6 total disc replacement (TDR) and C6/7 anterior cervical discectomy and fusion (ACDF). The rationale for non-certification stated that there was no clinical evaluation to correlate with imaging evidence of progressive canal stenosis at C5/6.

IMR ISSUES, DECISIONS AND RATIONALES

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

"Hybrid" surgery, C5-6 TDR and C6-7 ACDF: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG (<http://www.odgtwc.com/odgtwc/neck.htm>).

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; Discectomy-laminectomy-laminoplasty, Fusion, anterior cervical.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provides specific indications. The ODG recommend anterior cervical fusion as an option with anterior cervical discectomy 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 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. In addition, 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. This patient presents with significant pain but there is no current pain assessment including presence/absence of radicular symptoms. There is no current clinical exam documented to correlate with imaging evidence of multilevel degenerative disc disease, facet arthropathy, and spinal canal and neuroforaminal stenosis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. There is a lack of long-term high volume literature studies to support the use of total disc replacement adjacent to a fusion in a hybrid construct. Therefore, this request is not medically necessary.