

Case Number:	CM15-0082823		
Date Assigned:	05/01/2015	Date of Injury:	06/14/2008
Decision Date:	07/07/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/27/2015

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 55-year-old male who sustained an industrial injury on 6/14/08. The mechanism of injury was not documented. Past medical history was positive for C5 compression fracture, asthma, and hypertension. Past surgical history was positive for artificial disc replacement at C5/6 on 8/19/11. The 11/18/14 cervical spine MRI impression documented that the C5/6 artificial disc obscured the soft tissue detail of the mid-cervical spine. The 2/11/15 cervical spine CT scan impression documented artificial disc at the C5/6 level with no evidence for high-grade bony spinal canal compromise. There was bony encroachment upon the left C6/7 and bilateral C5/6 neural foramina. Records indicated that he had temporary good results with a C6/7 epidural injection. The 3/9/15 treating physician report cited on-going neck and primarily left arm symptoms. He had continued grade 4-10/10 lower neck pain with intense burning left arm pain, worse with use. Physical exam documented moderate neck stiffness with decreased global range of motion. He had dysesthesias into both upper extremities specifically to the index and long fingers. Brachioradialis and biceps deep tendon reflexes were hyperreflexic. He had moderate lower cervical muscle spasms, greater on the right. The new CT scan showed moderate to severe left foraminal stenosis at C6/7 with bony encroachment. The right side measured about 6 mm over opening, while the left measured 2-3 mm. This would certainly be compressing the exiting C7 nerve root. Authorization was requested for spinal C6/7 total disc arthroplasty, medical clearance pre-operative, CBC with differential, CMP, PT/PTT, and urinalysis, post-op cervical collar, and post-op physical therapy 2 times per week for 6 weeks (12 sessions). The 4/15/15 utilization review non-certified the C6/7 total disc arthroplasty as the injured worker had

disease at more than one level, no documentation why this procedure would be superior to a fusion, and guideline consideration that this device was understudy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal C6-7 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 Disabilities Guidelines.

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 guidelines support for the use of cervical ADR with additional studies required to allow for a recommended status. Prior artificial disc replacement has been performed at the adjacent level indicating multilevel disease. There is no compelling reason to support the medical necessity of artificial disc replacement over standard fusion for this injured worker. Therefore, this request is not medically necessary.

Medical Clearance Pre-Op: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CBC with Diff, CMP, PT, PTT, UA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Durable Medical Equipment Post-Op Cervical Collar: 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 Official Disability Guidelines (ODG) Neck and Upper Back, Cervical collar, post-operative (fusion).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Physical Therapy Post-Op Two Times A Week For Six Weeks, Cervical Spine Quantity: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.