

Case Number:	CM14-0213862		
Date Assigned:	12/31/2014	Date of Injury:	05/03/2008
Decision Date:	02/27/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/22/2014

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: Minnesota, Florida

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 66-year-old right hand dominant male with a history of chronic neck and back pain, headaches, and numbness in the total body since he was hit by a car in 2008. He underwent an anterior interbody fusion at C3-4 with instrumentation 2008. He is diabetic, has hypertension and multilevel severe degenerative disc disease of the spine. He underwent a lumbosacral fusion and has been advised to undergo 3 level cervical disc replacement in light of significant severe stiffness of the cervical spine which will make a fusion problematic. Multiple requests for a 3 level cervical disc replacement were noncertified using ODG guidelines. The issues have been debated back-and-forth for several years by multiple examiners with the general feeling that a 3 level disc replacement is not going to fix his chronic issues and there will be significant morbidity with such a procedure. The 10/2/2014 office visit noted complaints of progressive numbness and weakness in the hand/arms. He had nerve compression at C4-5, C5-6, and C6-7. Examination showed decreased sensation over the C6, C7, and C8 distribution with deficient reflexes. MRI scan of the cervical spine dated October 2, 2014 revealed postoperative changes at C3-4 with retrolisthesis C2-3, C4-5, C5-6, and C6-7 with multilevel degenerative disc disease and facet arthropathy. Canal stenosis included C3-4, mild, C4-5 and C5-6, mild to moderate, and C6-7 mild. Neural foraminal narrowing included C2-3 moderate right, C3-4 mild right, C4-5 severe bilateral, C5-6 moderate to severe right, moderate left, C6-7 moderate to severe left neural foraminal narrowing. Possible T2 prolongation cervical cord at the C3-4 operative level with limited evaluation due to metallic artifact. Degenerative disc disease with focal protrusions, proximal thoracic spine, not evaluated axially. A recent request for a 3 level

cervical disc arthroplasty was noncertified again by utilization review using ODG guidelines. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery- disc replacement arthroplasty C4-5, C5-6 and C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Neck Topic: Disc prosthesis

Decision rationale: California MTUS does not address this issue. ODG guidelines are therefore used. A disc prosthesis is under study with recent promising results in the cervical spine but not recommended in the lumbar spine. While comparative studies with anterior cervical fusion yield similar surgery 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. They should include an evaluation of the subset of the patient who will most benefit from this procedure as well as study of advantages/disadvantages of this design and surgical procedure in terms of the benefits and the risks with the patient. Adjacent segment disease seems to be a natural aging process and ADR has not proven any benefit in altering that progression. The risks of heterotopic calcification associated with ADR may make it a sure way to end up with a solid fusion and major risks also include potential revisions and technical learning curve issues with widespread use. A 2 level cervical disc replacement has been approved by FDA. However, 3 level replacements are not being done. Although this is an exceptional case and there is already a single level fusion in place, the presence of multilevel degenerative facet arthritis is also a relative contraindication. There will be significant morbidity associated with such surgery. Based upon ODG guidelines the requested disc replacement arthroplasty at C4-5, C5-6, and C6-7 is not supported and as such, the medical necessity of the request is not substantiated.

Associated surgical service: facility- inpatient at [REDACTED] 5 days: 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 Section: Neck, Topic: Disc prosthesis

Decision rationale: The requested surgery is not medically necessary. Therefore, the ancillary services are also not medically necessary.

Associated surgical service: 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 Section: Neck, Topic: Disc prosthesis

Decision rationale: The requested surgery is not medically necessary. Therefore, the ancillary services are also not medically necessary.

Associated surgical service: pre-operative appointment: 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 Section: Neck, Topic: Disc prosthesis

Decision rationale: The requested surgery is not medically necessary. Therefore, the ancillary services are also not medically necessary.