

Case Number:	CM14-0214831		
Date Assigned:	01/02/2015	Date of Injury:	12/07/2012
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/23/2014

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 43-year-old female with a date of injury of 12/7/2012. She has chronic neck pain with evidence of right upper extremity radiculopathy. She has failed extensive conservative treatment including epidural steroid injections, trigger point injections, chiropractic treatment, physical therapy, and medication. There is a surgical request for C5-C6 artificial disc replacement/total disc arthroplasty. Per progress notes dated 11/14/2014, for the past 2 years she has exhausted conservative treatment measures. She has recurrent and persistent radicular arm complaints on the right and weakness noted on neurological examination in her right upper extremity. Axial compression test, axial distraction test and Spurling maneuvers were abnormally positive. The cervical spine MRI studies from June 2013 and the recent studies from November 2014 confirm the presence of cervical spondylosis and stenosis at C5-6 which clinically correlates with her complaints. There is no further conservative or nonsurgical treatment which will effectively treat the patient. She is an excellent candidate for surgical treatment and C5-6 artificial disc replacement is recommended. The cervical MRI scan was updated on 11/11/2014 and x-rays were repeated on 11/4/2014. The MRI revealed multiple levels of desiccation from C2-C3 through C6-C7 and worse desiccation and narrowing at C5-C6. Axial imaging was remarkable for right C5-C6 foraminal spurring and stenosis. The assessment was cervical spondylosis with myelopathy, C5-6 and C6-7. Spinal stenosis, right C5-6 foramen. Retrolisthesis, C5-6, kyphosis associated with other condition, cervical, cervical brachial syndrome, right upper extremity, degeneration of cervical intravertebral disc, C5-6 and C6-7, generalized anxiety disorder, migraine, chest pain, other, allergic rhinitis, status post cesarean

sections, status post gastric bypass surgery (July 2009), ovarian cyst excision (August 2013). Prior progress notes dated 10/10/2014 document the extensive nonoperative treatment with details offered. Extensive prior treatment is documented in the remaining medical records which includes operative reports pertaining to epidural steroid injections. A request for artificial disc replacement/total disc arthroplasty at C5-6 was non-certified by utilization review citing ODG guidelines and lack of documentation of failure of 6 weeks of nonoperative treatment with medication and/or physical therapy. Additionally the documentation demonstrated multilevel degenerative changes which was felt to be a relative contraindication. Given the totality of these factors the medical necessity was not established. This has been appealed to an independent medical review and the appropriate documentation establishing the failure of nonoperative treatment has been provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 artificial disc replacement/total arthroplasty: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 180. Decision based on Non-MTUS Citation Section: Neck, Topic: Disc Prosthesis

Decision rationale: Regarding C5-6 artificial disc replacement/disc arthroplasty, the California MTUS guidelines indicate surgical considerations within the first 3 months of onset of potentially work-related acute neck and upper back symptoms if there is severe spinovertebral pathology, severe debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction corroborated on appropriate imaging studies that did not respond to conservative treatment. A disc herniation characterized by protrusion of the central nucleus pulposus through a defect in the outer annulus fibrosis may impinge on a nerve root causing irritation, shoulder and arm symptoms and nerve root dysfunction. Referral for surgical consideration is indicated for patients who have persistent severe and disabling shoulder or arm symptoms, activity limitation for more than one month or with extreme progression of symptoms, and clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long-term and unresolved radicular symptoms after receiving conservative treatment. The ODG guidelines indicate general indications for currently approved cervical. ADR devices are for patients with intractable symptomatic single level cervical degenerative disc disease who have failed at least 6 weeks of non-operative treatment and present with arm pain and functional/neurological deficit. At least one of the following conditions should be confirmed by imaging: Herniated nucleus pulposus, spondylosis, loss of disc height. Cervical radiculopathy is an inclusion criteria for FDA investigations of cervical arthroplasties. Decompression of nerve roots and/or the spinal canal is often the primary intervention that necessitates disc replacement with a goal of restoration of intervertebral disc and foraminal height to prevent recurrence of

nerve root compression. Implant of a total disc requires intact ligaments, integrity of the facet joints, vertebral bodies with intact endplates and good bone quality. Two-level replacements have also been approved by FDA and are documented in the literature. Based upon a review of the medical records and the indications for surgery and the rationale submitted, it is clear that the patient is a good candidate for this procedure, meets the guideline requirements and as such, the medical necessity of the requested procedure is substantiated.

Associated surgical service: Preoperative history and physical: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Low Back, Topic: Pre-operative testing, general; Preoperative testing, lab; Pre-operative testing, Electrocardiography.

Decision rationale: The ODG indicate this is an intermediate risk surgical procedure. Therefore a detailed history and physical examination will be necessary to evaluate comorbidities. Consultations and preoperative lab testing and EKG will depend upon the comorbidities. As such, this is a decision of the surgeon and the request for the preoperative history and physical is medically necessary.

Associated surgical service: 2-3 inpatient stay: 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) Hospital Length of Stay (LOS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Section: Neck, Topic: Hospital Length of Stay

Decision rationale: The ODG guidelines indicate the median length of hospital stay for Artificial Disc is 1 day; the mean is 1.4 days and the best practice target is 1 day if there are no complications. The requested 2-3 day in-patient stay exceeds the guidelines and is not medically necessary.

Associated surgical service: Assistant surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines : Assistant Surgeon Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons, Assistant surgeon

Decision rationale: According to the American College of Surgeons the first assistant to the surgeon during his surgical operation should be a trained individual capable of participating and actively assisting the surgeon to establish a good working team. The first assistant provides aid in exposure, hemostasis, and other technical functions which will help the surgeon carry out a safe operation and optimal results for the patient. The role will vary considerably with the surgical operation, specialty area, and type of hospital. Based upon the nature of this procedure, the request for a first assistant is appropriate and medically necessary.