

Case Number:	CM15-0011046		
Date Assigned:	01/28/2015	Date of Injury:	02/16/2010
Decision Date:	03/25/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/20/2015

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 female, who sustained an industrial injury on 2/16/10 relative to a slip and fall. Past surgical history was positive for anterior cervical discectomy and fusion from C3-C5 on 2/28/13. The 3/26/14 cervical x-rays documented anterior hardware from C2 to C6 with interbody fusion at these levels. There was evidence of bone consolidation, but the fusion was not yet solid. The 7/15/14 cervical spine MRI documented multilevel degenerative disc disease. There was a large right paracentral disc osteophyte complex at C5/6 with mild central spinal stenosis and severe right neuroforaminal stenosis. The 12/2/14 electrodiagnostic study findings were consistent with chronic right C7/C8 radiculopathy. The 12/17/14 treating physician report cited severe neck pain radiating into her arms, right greater than left, with a feeling of weakness in both arms and legs. There was numbness and tingling into the thumb, index and long fingers on the right hand. She was taking Norco and Soma. Physical exam revealed increasingly restricted range of motion with tenderness at C5-6, and positive bilateral Spurling's test. There was 4/5 weakness over the right biceps, triceps, and wrist extensors and positive Hoffman sign on the right. The diagnosis was C5/6/6 herniated nucleus pulposus, cord impingement, myelopathy, and progressive disc herniation collapse adjacent to a fusion. The treatment plan recommended an anterior spinal cord decompression at C5-6 with the use of an artificial disk replacement. This was to both preserve the range of motion at the neck and hopefully avoid a rapidly deteriorating adjacent segment problem at the C6-7 level. On 1/12/2015, Utilization Review (UR) non-certified a request for C5-6 anterior corpectomy with artificial disc replacement noting that guidelines indicated that artificial disc replacement was

suitable for single level degenerative disc disease only. UR non-certified a request for the associated surgical services due to the primary surgical procedure being denied. The ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6 anterior corpectomy with artificial disc replacement using Fluoroscopy and Microsurgical techniques, requiring use of operating microscope: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back, Transplantation, Intervertebral disc

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Disc prosthesis

Decision rationale: The California MTUS are silent regarding artificial disc replacement in the cervical spine. 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. This patient presents with signs/symptoms and clinical findings consistent with imaging evidence of neural compression. There is multilevel degenerative disc disease, and the patient is status post multilevel anterior cervical discectomy and fusion C3 to C5/6. Given the presence of multilevel disease, criteria are not met for the use of this device. Therefore, this request is not medically necessary.

Associated Surgical Service: 1-day in-patient hospital day: 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) guidelines, Discectomy/Corpectomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Hospital length of stay (LOS)

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

Associated Surgical Service: Assistant surgeon for C5-6 surgery (Qty. 1): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Surgical Assistant <http://www.guideline.gov/content.aspx?id=48408>, Perioperative protocol. Health care protocol.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule, Assistant Surgeons <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>

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

Associated Surgical Service: History and physical for surgical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back <http://www.guideline.gov/content.aspx?id=48408>, Perioperative protocol. Health care protocol.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

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

Associated Surgical Service: Pre-op labs: CBC with differential, CMP, PT, PTT, MRSA, UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back <http://www.guideline.gov/content.aspx?id=48408>, Perioperative protocol. Health care protocol.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38

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

Associated Surgical Service: Pre-op Chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Surgical Assistant <http://www.guideline.gov/content.aspx?id=48408>, Perioperative protocol. Health care protocol.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

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

Associated Surgical Service: Pre-op EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38

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

Associated Surgical Service: Post-op DME: Aspen neck brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines, 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.