

Case Number:	CM15-0110191		
Date Assigned:	06/16/2015	Date of Injury:	01/20/2011
Decision Date:	07/16/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/08/2015

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 female who sustained an industrial injury on 1/20/11. Injury was reported relative to lifting and unloading cases of food. Past surgical history was positive for left elbow surgery on 3/6/13, right elbow surgery on 2/11/14, and right endoscopic carpal tunnel release on 11/14/14. The 10/3/14 cervical MRI impression documented congenital baseline narrowing of the osseous cervical spinal canal and neural foramina due to short pedicles, in combination with disc and osteophytic disease and facet arthropathy, with mild spinal canal stenosis from the C4/5 through the C6/7 levels. There was no focal cord signal abnormality. Uncovertebral spurring and facet arthropathy contributed to mild to moderate left C3/4, and moderate to severe left C4/5 neuroforaminal stenosis. There was multilevel facet disease most severe at C3/4 and C4/5. The 10/15/14 upper extremity electrodiagnostic evidenced mild left medial neuropathy at the wrist, moderate right median neuropathy at the wrist, and ulnar neuropathy at the elbow on the right. Treatments to date included activity modification, wrist splints, physical therapy, home exercise and cervical epidural steroid injections. Records documented that she underwent a right C4/5 epidural injection on 1/12/15. Records also documented concurrent treatment for bilateral pronator syndrome, mild right thumb carpometacarpal arthritis, and right thumb trigger digit. The 4/27/15 spine surgery report cited constant 10/10 neck, right arm, and upper back pain and headaches. Symptom included right arm/hand numbness and tingling starting from her neck with significant neck pain. Symptoms were made worse with neck movement and alleviated by rest and heat. Treatment had included 2 epidural injections with partial relief that diminished over 2 weeks, and 24 sessions of physical

therapy. Cervical spine exam documented normal alignment with no tenderness to palpation, range of motion was normal, and Spurling's and Lhermitte's signs were negative bilaterally. Neurologic exam documented trace weakness right triceps and right C6 hypesthesia. X-rays from 4/1/15 were reviewed and the C6/7 level could be clearly seen which showed she was a candidate for a total disc replacement. The cervical MRI showed small to moderate right greater than left disc bulge at C5/6, and moderate disc bulge with right more than left stenosis at C6/7. The diagnosis was cervical strain and neck pain. The treating physician report recommended surgical intervention to include C6-7 ProDisc-C total disc replacement instead of anterior cervical discectomy and fusion because of the advantages of motion preservation and wanting to avoid junctional stress transfer to the C5/6 level which already has a small disc bulge. Authorization was requested for C6-7 ProDisc-C total disc replacement and associated services including a surgical assistant and pre-operative laboratory evaluations. The 5/4/15 utilization review non-certified the C6-7 ProDisc-C total disc replacement and associated surgical requests as there was multilevel cervical stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

C6-7 ProDisc-C total disc replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 11/18/14) Online Version.

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. This patient presents with multilevel cervical stenosis which fails to meet the criteria of single level disease. Therefore, this request is not medically necessary.

Associated surgical service: Surgical Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

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.

Preoperative Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back.

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.