

Case Number:	CM15-0117131		
Date Assigned:	06/25/2015	Date of Injury:	11/03/2000
Decision Date:	07/24/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/17/2015

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:

This injured worker is a 51-year-old man who sustained an industrial injury on 11/3/00. The mechanism of injury was not documented. Past surgical history was positive for L4/5 and L5/S1 fusions. The 1/8/14 cervical spine MRI impression documented straightened cervical lordosis with degenerative change of the cervical spine, very mild canal stenosis at C5/6 and C6/7, and neuroforaminal stenosis C2 through C6/7, severe on the left at C6/7. The 5/13/15 treating physician report cited progressive pain with a history of 3-level cervical pathology involving the C4/5, C5/6, and C6/7 levels. Cervical spine exam documented slight loss of lordosis, moderate paraspinal spasms and tenderness, decreased range of motion due to pain, and normal motor exam. There was paresthesia noted over the C6 and C7 distributions and diminished brachioradialis and triceps reflexes bilaterally. Cervical spine x-rays showed advanced disc degeneration at the C5/6 and C6/7, at the C4/5 level his disc height was well maintained. MRI imaging showed multilevel moderate to severe findings with broad-based disc bulge at C5/6 and C6/7 with moderate central canal narrowing and fairly severe bilateral foraminal stenosis, right slightly worse than left. At the C4/5 level, there was a broad-based disc bulge causing moderate central canal narrowing. The diagnosis included multilevel cervical degenerative disc disease and spinal stenosis, cervicgia, and cervical radiculopathy. Authorization was requested for C5/6, C6/7 anterior cervical discectomy and instrumented fusion with biomechanical interbody spacer with iliac crest bone marrow aspiration and C4/5 artificial disc replacement. The 5/21/15 utilization review partially certified the request for C5/6, C6/7 anterior cervical discectomy and instrumented fusion with biomechanical interbody spacer with bone marrow aspiration and C4/5

artificial disc replacement for C5/6, C6/7 anterior cervical discectomy and instrumented fusion with biomechanical interbody spacer with iliac crest bone marrow aspiration. The request for artificial disc replacement at C5/6 was not indicated, as exam findings did not correlate with the C5 nerve root to support surgery at this level.

IMR ISSUES, DECISIONS AND RATIONALES

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

C5-6, C6-7 Anterior Cervical Discectomy and Instrumental Fusion with Biochemical Interbody Spacer with Iliac Crest Bone Marrow Aspiration and C4-5 Artificial Disc Replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Discectomy-laminectomy-laminoplasty, Fusion, anterior cervical; Disc prosthesis.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provide specific indications. The ODG recommend anterior cervical fusion as an option with anterior cervical discectomy if clinical indications are met. Surgical indications include evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or a positive Spurling's test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. The ODG indicate that disc prostheses are under study. 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. This injured worker presents with persistent cervical pain radiating into both arms. Clinical exam findings are consistent with imaging evidence of plausible C6 and C7 nerve root compression. Detailed evidence of at least 6 to 8 weeks of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, guidelines do not support artificial disc replacement in patients with multilevel degenerative disc disease. Additionally, the request for artificial disc replacement adjacent to a fusion lacks long-term large volume literature studies. Therefore, this request is not medically necessary.