

Case Number:	CM15-0177930		
Date Assigned:	09/18/2015	Date of Injury:	12/02/2010
Decision Date:	10/21/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/09/2015

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 56-year-old female who sustained an industrial injury on 12/2/10. The mechanism of injury was not documented. The 12/23/14 cervical spine MRI impression documented cervical spine straightening; diffuse marrow signal alteration in the C4 vertebral body, and degenerative disc and facet joint disease. At C3/4, there was a 1 mm broad-based central disc bulge along with degenerative facet joint changes causing severe right and moderate left neuroforaminal stenosis with potential for right C4 nerve root impingement. At C4/5, there was posterior osteophytic ridging/disc material along with bilateral uncovertebral joint arthropathy and degenerative changes of the facet joints causing mild central canal and severe bilateral neuroforaminal stenosis with potential for C5 nerve root impingement. At C5/6, there was posterior osteophytic ridging/disc material along with bilateral uncovertebral joint arthropathy and facet joint degenerative changes causing severe bilateral neuroforaminal stenosis with potential for C6 nerve root impingement. At C6/7, there was disc desiccation and disc space height loss consistent with degenerative disc disease, and posterior osteophytic ridging/disc material, bilateral uncovertebral joint arthropathy, and facet joint degenerative changes. There was mild canal and moderate to severe bilateral neuroforaminal stenosis with potential for C7 nerve root impingement. The 1/8/15 request for percutaneous electrical nerve stimulator (PENS) treatment indicated that the injured worker had tried and failed a TENS unit. Conservative treatment included activity modification, medications, physical therapy, acupuncture, and TENS unit. The 7/14/15 orthopedic surgery report cited constant cervical pain and spasms with left greater than right arm pain and numbness. She had less right knee and right shoulder pain. There

was multilevel C4/5, C5/6, and C6/7 herniated nucleus pulposus, full right shoulder range of motion, and right knee crepitus. The treatment plan recommended hybrid total disc and anterior cervical discectomy and fusion (ACDF) procedure, ProStim 5.0, and home traction. The 8/5/15 treating physician report cited neck, upper back, left shoulder, right wrist/hand, and right knee. The injured worker denied any new numbness or tingling. There was intact sensation over the right lateral shoulder, and right thumb, long finger and small fingertips. The diagnosis was cervical spine disc bulge, thoracic spine strain, left shoulder internal derangement, right carpal tunnel syndrome, right hand strain, and right knee possible internal derangement. The treatment pain indicated that the injured worker needed a hybrid total disc and anterior cervical discectomy and fusion at C4/5, C5/6, and C6/7. The treatment plan recommended acupuncture 1x6, TENS unit for extended rental 6 months, and referral to upper extremity surgeon for right carpal tunnel syndrome. Authorization was requested for hybrid total disc and anterior cervical discectomy and fusion (ACDF) with TDR (total disc replacement) at C4/5 and ACDF at C5/6 and C6/7, TENS unit extended rental for 6 months, and upper extremity surgeon initial consultation. The 8/24/15 utilization review non-certified the request for hybrid total disc and anterior cervical discectomy and fusion (ACDF) with TDR (total disc replacement) at C4/5 and ACDF at C5/6 and C6/7 as there was a lack of thorough and complete cervical spine physical exam, and the injured worker had multiple levels of degenerative changes. The request for TENS unit extended rental for 6 months was modified to a one-month TENS unit trial consistent with MTUS guidelines and to allow for documentation of efficacy. The request for upper extremity surgeon initial consultation was non-certified as the request for surgery was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hybrid total disk and ACDF C4-C5, C5-C6, C6-C7; TDR C4-C5, ACDF C5-C6, C6-C7:
Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Disc prosthesis.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Surgical Considerations. 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) provides 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 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 injured worker presents with constant cervical pain radiating into both arms with numbness. There is imaging evidence of C4/5, C5/6, and C6/7 degenerative disc disease with potential for nerve root impingement. There is evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial with no documentation of treatment response. There is no comprehensive cervical orthopedic or neurologic exam documented in the available records. Guidelines do not support the use of cervical artificial disc replacement in patients with multilevel degenerative disc disease. The request for a hybrid construct, artificial disc replacement and fusion, lacks long-term large volume literature studies. Therefore, this request is not medically necessary.

TENS unit extended rental for 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines do not recommend TENS (transcutaneous electrical nerve stimulation) as a primary treatment modality but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for chronic intractable pain. Criteria for a one-month trial of a TENS unit includes documentation of pain of at least 3 months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including specific short and long-term goals of treatment and other on-going pain treatment during the trial period. Guideline criteria have not been met. The 8/24/15 utilization review modified this request to a one-month trial of a TENS unit. Records documented that the injured worker had failed prior TENS unit use. There is no compelling rationale to support this request for an extended TENS unit rental in the absence of a documented successful TENS unit trial. Therefore, this request is not medically necessary.

UE surgeon initial consultation: 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), Pain Chapter, Office visits.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The California MTUS guidelines state that referral for hand surgery consultation may be indicated for patients who have red flag conditions of a serious nature, fail

to respond to conservative treatment management, and clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short- and long-term, from surgical intervention. Guideline criteria have not been met. This injured worker presents with cervical pain radiating into the upper extremities with numbness, additionally there is a complaint of right wrist/hand pain. There are no clinical exam findings documented relative to the wrist/hand. There is no documentation of positive carpal tunnel provocative tests or electrodiagnostic evidence of carpal tunnel syndrome. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the diagnosis of carpal tunnel syndrome and failure has been submitted. Therefore, this request is not medically necessary.