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| Case Number: | CM15-0070629 | | |
| Date Assigned: | 04/20/2015 | Date of Injury: | 09/30/2011 |
| Decision Date: | 05/21/2015 | UR Denial Date: | 04/01/2015 |
| Priority: | Standard | Application Received: | 04/14/2015 |

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 32-year-old female who sustained an industrial injury on 9/20/11. Injury occurred when she felt a snap in her left upper/middle back during a dance performance. The 9/5/13 cervical spine MRI impression documented mild spinal canal stenosis in the right paracentral region at C6/7 with moderate right and mild left foraminal stenosis due to a moderate predominantly right paracentral disc bulge. At C5/6, there was mild left foraminal stenosis due to mild broad-based predominantly left paracentral disc bulge. The 2/16/14 treating physician report cited neck, mid-back, and bilateral arm pain. The patient was reported a current every day smoker. Physical exam documented cervical rotation 50 degrees, positive Spurling's test, and negative Hoffman's test. Neurologic exam documented 5/5 upper extremity muscle strength and normal sensory exam. The diagnosis was cervical disc herniation. She had failed non-operative treatment with physical therapy and epidural injections. Updated imaging was requested. The 2/24/15 cervical CT scan impression documented malalignment of the cervical spine with anterior angulation of the upper cervical spine at the C5/6. There were small posterior disc osteophyte complexes with mild uncovertebral and facet arthropathy at C3/4, C4/5, and C5/6 levels without significant neural compression. There was a far right lateralizing disc herniation at C6/7 compromising the anterior CSF space and right neural foramen. The 3/17/15 treating physician report cited continued neck, left arm, thoracic, and lumbar pain with some somatic complaints and difficulty breathing at times. Physical exam documented 5/5 upper extremity motor strength, numbness in a left C7 distribution, and negative Hoffman's. Spurling's test was negative. The updated MRI showed the same left C6/7 disc herniation that had not changed

much since the previous MRI 2 years ago. Surgery was recommended to include C6/7 cervical discectomy with artificial disc replacement. The 4/1/15 utilization review non-certified the request for cervical artificial disc replacement and associated surgical requests as there was an absence of guideline support for this procedure, no rationale why this was requested instead of decompression and fusion, and contraindications existed relative to smoking status and overweight status. The 4/15/15 treating physician appeal letter stated that the injured worker was a professional dancer who had failed non-operative treatment including physical therapy and epidural injections. She had severe pain that interfered with activities of daily living. She continued to require daily pain medication. The 2013 MRI showed a C6/7 disc herniation and her thoracic MRI showed a T9/10 disc protrusion. The new MRI performed on 2/24/15 showed a large C6/7 disc herniation. Surgery was recommended to include an artificial disc replacement at C6/7 due to her young age and activity. Acknowledged studies showed that cervical arthroplasty was not inferior to cervical fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal cervical artificial disc replacement, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Neck and Upper Back, Disc prosthesis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 179-181. 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, but provide a general recommendation for cervical decompression surgery, including consideration of pre-surgical psychological screening. 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 disc disease which fails to meet the criteria of single level disease. Additionally, there is evidence of potential psychological issues with no evidence of psychosocial screening. Therefore, this request is not medically necessary.

Pre-operative medical clearance including history and physical: Upheld

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

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: As the surgical request is not supported, this request is not medically necessary.

Pre-operative laboratory test including CBC with diff, comprehensive metabolic profile, PT/PTT, UA: Upheld

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

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: As the surgical request is not supported, this request is not medically necessary.