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| <b>Case Number:</b>   | CM15-0077084 |                              |            |
| <b>Date Assigned:</b> | 04/28/2015   | <b>Date of Injury:</b>       | 02/22/2008 |
| <b>Decision Date:</b> | 07/07/2015   | <b>UR Denial Date:</b>       | 04/17/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/22/2015 |

### 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 37-year-old female who sustained an industrial injury on 2/22/08. The mechanism of injury was not documented. The injured worker was status post C5/6 artificial disc replacement. The 11/18/14 treating physician report cited continued symptoms over the past year with severe episodes of pain, spasms, and left upper extremity symptoms requiring evaluation with multiple emergency room visits. Conservative treatment had included trigger point injections and medications. Physical exam findings documented restricted cervical range of motion with limited left lateral rotation, and left trapezius spasms. There was neurologic loss with weakness in the left arm with poor grip strength and 4/5 extensor pollicis longus, biceps, and external rotation of the left shoulder strength. X-rays showed evidence of disc replacement at the C5/6 level with some facet joint changes posteriorly. MRI showed evidence of posterior disc protrusion at C4/5 and C6/7. The treatment plan recommended C5/6 artificial disc removal and conversion to anterior cervical discectomy and fusion, and pre-operative discography at C4/5 and C6/7. The injured worker had been psychologically cleared for surgery. The 1/27/15 cervical spine myelogram impression documented straightening of the cervical lordosis. There was evidence of prior disc replacement at C5/6 with some beam hardening artifacts. There was no appreciable focal disc protrusion of the cervical spine, and no evidence of any cord impingement. The 3/24/15 treating physician report indicated the injured worker was last seen 3/24/15. She presented with a significant amount of cervical pain, averaging grade 8/10. She also reported an increase in lower back pain. She was not sleeping. The injured was taking Percocet and Flexeril rarely, as she was still breastfeeding. Authorization was requested for C5-6 artificial disc

removal and conversion to anterior cervical discectomy and fusion, preoperative discography at C4-5 and C6-7, and associated surgical services. The 4/17/15 utilization review non-certified the request for artificial disc replacement removal and subsequent anterior cervical discectomy and fusion as there was no objective evidence of complication to warrant the removal of the disc and conversion to fusion.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Removal of ADR, Cervical Fusion (ACDF) C5-6: 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 (ODG) Neck and Upper Back Chapter.

**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 guidelines do not address artificial disc removal and conversion to anterior cervical discectomy and fusion. The Official Disability Guidelines indicate that implant malposition; loosening, subsidence, implant migration, fractures and infection may necessitate retrieval of an artificial disc replacement and proceeding with an interbody fusion. Other reported complications include delayed fusion around the prosthesis, asymmetric endplate preparation resulting in postoperative kyphosis, and reduction in vertebral body height. The most common complications of both ADR and fusion are wound infections, dysphagia/dysphonia and allergic reactions. Guideline criteria have not been met. This injured worker presents with persistent neck pain. Current clinical exam findings were not documented and progressive neurologic deficit is not evidenced. Prior findings documented weakness motor weakness in the left upper extremity. There is no imaging evidence of implant malposition, loosening, subsidence, implant migration, fractures, or infection to support removal of the artificial disc replacement at this time. Therefore, this request is not medically necessary.

#### **Pre-Operative Discography C4-5, C6-7: 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 (ODG) Neck Chapter.

**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: Discography.

**Decision rationale:** The California MTUS guidelines do not recommended pre-operative discography. The Official Disability Guidelines do not recommend cervical discography. Guidelines state that conflicting evidence exists in this area, though some recent studies condemn

its use as a preoperative indication for IDET or Fusion, and indicate that discography may produce symptoms in control groups more than a year later, especially in those with emotional and chronic pain problems. There is no compelling rationale to support the medical necessity of discography in light of the current CT scan findings of no disc protrusion or neural compression and in the absence of guideline support. Therefore, this request is not medically necessary.

**Associated Surgical Service: Medical Clearance:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated Surgical Service: Assistant Surgeon:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

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

**Associated Surgical Service: Inpatient Stay (2-days):** 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 Official Disability Guidelines (ODG) Neck and Upper Back: Length of stay (LOS).

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