

Case Number:	CM15-0092478		
Date Assigned:	05/18/2015	Date of Injury:	05/16/2008
Decision Date:	07/02/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/13/2015

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 53-year-old female who sustained an industrial injury on 5/16/08. The mechanism of injury was not documented. The 1/30/15 cervical MRI documented moderate to severe disc degenerative at C5/6 with a 3-4 mm left greater than right posterior disc protrusion and a 4.5 mm far left posterolateral disc osteophyte complex. There was severe left and mild right C5/6 foraminal stenosis with potential for impingement on left C6 exiting nerve. There was also mild to moderate C5/6 central canal stenosis. At C3/4, there was a 2 mm left posterolateral disc osteophyte complex with mild left C3/4 facet arthropathy and foraminal stenosis. At C7/T1, there was moderate left facet arthropathy with findings compatible with degenerative or post traumatic facet joint sprain or contusion. The 4/8/15 neurosurgeon report cited significant neck pain with bilateral upper extremity radiculopathy. Physical exam documented 4+/5 wrist extension and flexion weakness. Imaging showed significant spondylotic collapse at C5/6 without severe facet degeneration but with significant foraminal stenosis. The only area of pathology was C5/6. She had undergone conservative treatment with anti-inflammatory medication, physical therapy, and epidural steroid injections. The injured worker wanted to proceed with artificial disc replacement at C5/6. Additionally, there was spondylitic collapse at L5/S1 and an artificial disc replacement was recommended for there as well. Authorization was requested on 4/23/15 for artificial disc replacement at C5/6 versus anterior cervical discectomy and fusion C5/6. The 4/30/15 utilization review modified a request for artificial disc replacement at C5/6 versus anterior cervical discectomy and fusion C5/6 to allow for anterior cervical discectomy and fusion C5/6 with one day stay. She was reportedly not a candidate

for artificial disc replacement as she had multilevel cervical stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Inpatient stay 2 days: 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), Neck and upper back chapter - Hospital length of stay (LOS).

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.

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 for anterior cervical discectomy and fusion that 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 MTUS does not provide hospital length of stay recommendations. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for anterior cervical discectomy and fusion is 1 day. This injured worker presents with persistent neck pain with bilateral upper extremity radiculopathy. Clinical exam findings are consistent with imaging evidence of nerve root compression at C5/6. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, the Official Disability Guidelines support a length of stay limited to one day for this procedure. The 4/30/15 utilization review modified this request and certified anterior cervical discectomy and fusion at C5/6 with a one day length of stay. There is no compelling reason to support the medical necessity of an additional length of stay at this time. Therefore, this request is not medically necessary.

Artificial Disc Replacment C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 306.

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 degenerative disc disease which fails to meet the criteria of single level disease. Therefore, this request is not medically necessary.