



State of Wyoming

Department of Workforce Services



Matthew H. Mead
Governor

DIVISION OF WORKERS' COMPENSATION
1510 East Pershing Boulevard, South Wing
Cheyenne, Wyoming 82002
<http://www.wyomingworkforce.org>

John Cox
Director
John Ysebaert
Deputy Director

PREAUTHORIZATION CHECK SHEET CERVICAL ARTIFICIAL DISC

Claimant: _____ Claim Number: _____ DOI: _____
Surgeon: _____ Phone Number: _____ Contact: _____

- Mobi-C Secure-C Bryan-C
 Prestige-C ProDisc-C PCM-C

FDA Guidelines indicate surgery for one level only, with the exception of the Mobi-C which has been approved for replacement of two (2) adjacent cervical discs/levels

Compensability should NOT be in question at the time of preauthorization for this procedure.

This procedure **REQUIRES** peer review by spine surgeons.

1. Pre-operative work up should be documented in the medical notes. **ALL CRITERIA ARE REQUIRED.**
2. Dates should be documented for all diagnostic tests performed.
3. If medical data is lacking, the surgeon will be required to provide the missing information.

Surgeon meets training qualifications YES NO
COPY OF TRAINING CERTIFICATE MUST BE INCLUDED

Oswestry Neck Pain Questionnaire YES NO

Indications: Use of the cervical artificial disc following SINGLE level discectomy from C3-C7 for skeletally mature patients (18-60 years of age) with conditions that result in diseased or bulging disc (intractable radiculopathy and/or myelopathy). The Mobi-C can be used to replace two adjacent cervical discs from C3-C7 for the same pathology. (No previous fusion at the same levels or adjacent levels.)

| | | | |
|---|------------------------------|-----------------------------|-------------|
| 1. MRI. Must show degenerative disc disease at C3-C7. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: _____ |
| 2. Discogram. Must indicate concordant pain at C3-C7. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: _____ |
| 3. Plain x-rays obtained: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: _____ |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: _____ |



| | | | |
|--|--|--|-------------|
| c. Standing Lateral Extension. d. Any evidence of mechanical instability or alignment. e. Documentation the x-rays were taken in the <u>upright</u> position. | <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No | Date: _____ |
| 4. Complete history and physical documenting the need for surgery and any contraindications. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Date: _____ |
| 5. One of the following conditions must be confirmed by imaging: a. Herniated nucleus pulposus. b. Spondylosis defined by the presence of osteophytes. c. Loss of disc height. | <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No | |
| 6. Previous spine surgeries, including locations and dates. (List below): SURGERY WILL BE DENIED IF PREVIOUS SPINAL FUSION AT THE SAME LEVEL OR ADJACENT LEVEL. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 7. Conservative therapy been tried FOR AT LEAST 6 MONTHS. If yes, specify the therapy and the dates initiated on (List below): | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 8. Active smoker (smoking) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 9. Substance abuse (drugs or alcohol) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| 10. Patient Contraindications: a. Osteopenia or osteoporosis with a measured T-score<1 b. Significant degeneration/herniation at other levels. c. Prior anterior cervical surgery. d. Significant facet arthritis at the operative level or at a level not treated by the replacement of disc e. Symptomatic or congenital stenosis. (<i>Some radiology reports may mention, "Central narrowing" but the surgeon may think it is insignificant or unrelated to the patient's symptoms.</i>) f. Marked cervical instability on radiographs (radiographic signs of subluxation >3.5mm or angulation of the disc space more than 11 degrees greater than adjacent segments g. Significant kyphotic deformity or significant reversal of lordosis. h. Severe spondylosis characterized by bridging osteophytes or a loss of disc height >50% or an absence of motion <2 degrees. | <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No | |



| | | |
|--|------------------------------|-----------------------------|
| i. History of chronic steroid use. <i>(If a history of long term steroid use, may still have disc if now off of steroids, bone density scan with factor > or equal 1.0, and not expected to require chronic steroid therapy in the future.)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Allergy to titanium, polyethylene, cobalt, chromium, or molybdenum. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. Pregnancy. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. Active infection, systemic (AIDS, HIV, Hepatitis) or localized spinal. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m. Autoimmune disorder. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| n. Calcification of abdominal vasculature per plain x-rays or CT scan. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| o. History of previous major anterior vessel surgery. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| p. Obesity. <i>(Body mass index >40 or 100 lbs. over ideal body weight)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| q. Vertebral endplate dimensionally smaller than 34.5mm in the lateral and/or 27mm in the anterior-posterior directions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| r. Rheumatoid arthritis. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| s. Clinically compromised vertebral bodies at the affected level due to current or past trauma. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| t. Significant cervical anatomical deformity or compromised vertebral bodies at the index level (ankylosing spondylitis, rheumatoid arthritis) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| u. Symptoms necessitating surgical treatment at more than one cervical level. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v. Evidence of inability to understand the procedure. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Requesting Surgeon Signature

Date

Nurse Name

Date

Sent for Peer Review

Date

Notes:

Date:



References

FDA approves cervical disc implant treatment. Empowered Doctor. Retrieved 2-10-14 from: www.empowereddoctor.com/fda-approves-cervical-disc-implant-treatment

US Food and Drug Administration. Page last updated 9-6-13. Bryan Cervical Disc-P060023. Retrieved 2-6-14 from: [http://www.fda.gov/MedicalDevices/Products and MedicalProcedures/DeviceApprovalsandClearances/Recently-ApprovedDevices/ucm162968.htm](http://www.fda.gov/MedicalDevices/Products%20and%20MedicalProcedures/DeviceApprovalsandClearances/Recently-ApprovedDevices/ucm162968.htm)

US Food and Drug Administration. Page last updated 9-11-13. Mobi-C Cervical Disc Prosthesis (two level) – P110009. Retrieved 2-6-14 from: [http://www.fda.gov/MedicalDevices/Products and MedicalProcedures/DeviceApprovalsandClearances/Recently-ApprovedDevices/ucm367809.htm](http://www.fda.gov/MedicalDevices/Products%20and%20MedicalProcedures/DeviceApprovalsandClearances/Recently-ApprovedDevices/ucm367809.htm)

US Food and Drug Administration. Page last updated 1-17-14. PCM Cervical Disc System – P100012. Retrieved 2-6-14 from: [http://www.fda.gov/MedicalDevices/Products and MedicalProcedures/DeviceApprovalsandClearances/Recently-ApprovedDevices/ucm327487.htm](http://www.fda.gov/MedicalDevices/Products%20and%20MedicalProcedures/DeviceApprovalsandClearances/Recently-ApprovedDevices/ucm327487.htm)

US Food and Drug Administration. Page last updated 1-7-13. ProDisc-C Total Disc Replacement. Retrieved 7-9-13 from: [http://www.fda.gov/MedicalDevices/Products and MedicalProcedures/DeviceApprovalsandClearances/Recently-ApprovedDevices/ucm077620.htm](http://www.fda.gov/MedicalDevices/Products%20and%20MedicalProcedures/DeviceApprovalsandClearances/Recently-ApprovedDevices/ucm077620.htm)

US Food and Drug Administration. Page last updated 1-17-14. Secure-C Artificial Cervical Disc – P100003. Retrieved 2-6-14 from: [http://www.fda.gov/MedicalDevices/Products and MedicalProcedures/DeviceApprovalsandClearances/Recently-ApprovedDevices/ucm322270.htm](http://www.fda.gov/MedicalDevices/Products%20and%20MedicalProcedures/DeviceApprovalsandClearances/Recently-ApprovedDevices/ucm322270.htm)



NAME: _____

DATE: _____

PDR Oswestry Neck Pain Questionnaire

This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage everyday activities. Please answer each Section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but **Please circle the one choice which closely describes your problem *right now*.**

Section 1 – Pain Intensity

- A. I have no pain at the moment.
- B. The pain is mild at the moment.
- C. The pain comes and goes and is moderate
- D. The pain moderate and does not vary much.
- E. The pain is severe, but comes and goes.
- F. The pain is severe and does not vary much.

Section 2 – Personal Care

- A. I can look after myself without causing extra pain.
- B. I can look after myself normally, but it causes extra pain.
- C. It is painful to look after myself and I am slow and careful.
- D. I need some help, but manage most of my personal care.
- E. I need help every day in most aspects of self-care.
- F. I do not get undressed, I wash with difficulty and stay in bed.

Section 3 – Lifting

- A. I can lift heavy weights without extra pain.
- B. I can lift heavy weights but it causes extra pain.
- C. Pain prevents me from lifting heavy weights off the floor, But I can manage if they are conveniently positioned (e.g on a table)
- D. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- E. I can lift only very light weights.
- F. I cannot lift or carry anything at all.

Section 4 – Reading

- A. I can read as much as I want to with no pain in my neck.
- B. I can read as much as I want to with slight pain in my neck.
- C. I can read as much as I want to with moderate pain in my neck.
- D. I cannot read as much as I want to because of moderate pain in my neck.
- E. I cannot read as much as I want to because of severe pain in my neck
- F. I cannot read at all.

Section 5 – Headache

- A. I have no headaches at all.
- B. I have slight headaches that come infrequently.
- C. I have moderate headaches that come infrequently.
- D. I have moderate headaches that come frequently.
- E. I have severe headaches that come frequently.
- F. I have headaches almost all the time.

Section 6 – Concentration

- A. I can concentrate fully when I want to with no difficulty.
- B. I can concentrate fully when I want to with slight difficulty.
- C. I have a fair degree of difficulty in concentrating when I want to.
- D. I have a lot of difficulty in concentrating when I want to.
- E. I have a great deal of difficulty in concentrating when I want to.
- F. I cannot concentrate at all.

Section 7 – Work

- A. I can do as much work as I want to.
- B. I can do my usual work but no more.
- C. I can do most of my usual work, but no more.
- D. I cannot do my usual work.
- E. I can hardly do any work at all.
- F. I cannot do any work at all.

Section 8 -- Driving

- A. I can drive my car without any neck pain.
- B. I can drive my car as long as I want with slight pain in my neck.
- C. I can drive my car as long as I want with moderate pain in my neck.
- D. I cannot drive my car as long as I want because of moderate pain in my neck.
- E. I can hardly drive at all because of severe pain in my neck.
- F. I cannot drive my car at all.

Section 9 – Sleeping

- A. I have no trouble sleeping.
- B. My sleep is slightly disturbed (less than 1 hour sleepless).
- C. My sleep is mildly disturbed (1-2 hours sleepless).
- D. My sleep is moderately disturbed (2-3 hours sleepless).
- E. My sleep is greatly disturbed (3-5 hours sleepless).
- F. My sleep is completely disturbed (5-7 hours sleepless).

Section 10 – Recreation

- A. I am able to engage in all my recreational activities, with no neck pain at all.
- B. I am able to engage in all of my recreational activities, with some pain in my neck.
- C. I am able to engage in most, but not all of my usual recreational activities because of pain in my neck.
- D. I am able to engage in only a few of my usual recreational activities because of pain in my neck.
- E. I can hardly do any recreational activities because of pain in my neck.
- F. I cannot do any recreational activities at all.

Section 11 – Numeric Rating Scale (NRS)

Try and assign a number from 0 to 10 to your current pain level. If you have no pain, use a 0. As the numbers get higher, they stand for pain that is getting worse. A 10 means the pain is as bad as it can be.

0 1 2 3 4 5 6 7 8 9 10
No pain Mild Moderate Severe Worst Possible Pain

OSW-SCORE: _____%

P-SCORE: _____