

Case Number:	CM13-0008710		
Date Assigned:	12/11/2013	Date of Injury:	04/09/2013
Decision Date:	02/12/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 42-year-old female who was injured in a work related accident on 04/09/13 sustaining injury to the low back. There is a 01/15/14 assessment for review indicating ongoing complaints of low back pain stating a diagnosis of L4-5 annular tearing with disc protrusion. Her physical examination shows restricted motion to the lumbar spine with weakness bilaterally at 4/5 to all major groups with the exception of the left foot evertors, that are with 3/5 strength. There is also isolated diminished Achilles reflex at +1 on the left compared to +2 on the right with L5-S1 dermatomal distribution being diminished on the left. Reviewed was previous imaging that included an MRI of 10/25/11 showing annular tearing at L4-5 noted to be "unchanged" from prior studies for review. A total disc arthroplasty was recommended at the L4-5 level for further therapeutic intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Disc Arthroscopy (TDA) at L4-5: 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), Section on Low Back Chapter - Spinal Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure - Disc prosthesis.

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, the role of artificial disc replacement procedures to the lumbar spine is not supported. Guidelines indicate that while artificial disc replacement has gained substantial attention, long term conclusions are unable to be addressed per randomized clinical trials available for review and fail to demonstrate long term efficacy. The specific request in this case for an artificial disc replacement at the requested level, thus would not be indicated.