

Case Number:	CM13-0021231		
Date Assigned:	12/27/2013	Date of Injury:	05/13/2010
Decision Date:	05/28/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/05/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 13, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; unspecified amounts of manipulative therapy; earlier L5-S1 lumbar microdiscectomy on May 9, 2011; and an MRI of lumbar spine of May 31, 2013, notable for a broad-base disc bulge at L5-S1, approximately 5 mm in size, superimposed on a 4-mm disc herniation at L4-L5. In a Utilization Review Report of August 28, 2013, the claims administrator denied a request for an anterior disc replacement surgery. Despite the fact that ACOEM addresses the topic, non-MTUS ODG Guidelines were cited. The applicant's attorney subsequently appealed. A note of November 9, 2012 was notable for comments that the applicant had persistent low back pain issues and was using Norco and Elavil at that point in time. The applicant was deemed "disabled," it was suggested. A variety of medications were refilled. Authorization was subsequently sought for a disc replacement procedure. The applicant was apparently given a disabled parking placard on October 12, 2012. A January 4, 2013 progress note is notable for comments that the applicant had persistent low back pain and was recently seen in the emergency department. The applicant was given a Toradol shot for an acute flare-up pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR DISC REPLACEMENT L4-5, L5-S1: 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 LOW BACK: DISC PROSTHESIS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 306, there is extremely low-level evidence for artificial disc replacement procedures such as that being proposed here. Such procedures should be regarded as experimental, ACOEM goes on to note. It is further noted that a more recent medical treatment guideline in the form of the Third Edition ACOEM Guideline states that artificial disc replacement is "not recommended," and further notes that there is no direct evidence that disc replacement is superior to non-surgical approaches. In this case, the attending provider has not furnished any employee-specific information which would offset the unfavorable ACOEM recommendations. Therefore, the request is not medically necessary.