

Case Number:	CM13-0021258		
Date Assigned:	11/08/2013	Date of Injury:	05/23/2009
Decision Date:	01/27/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/06/2013

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 Spine Surgery and is licensed to practice in Texas. 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 36-year-old male who reported a work-related injury on 05/23/2008 as a result of strain to the lumbar spine. MRI of the lumbar spine dated 05/29/2013 revealed: (1) transitional vertebra which was labeled S1 as well as short pedicles causing mild central canal stenosis throughout the lumbar spine; (2) mild disc desiccation of the L4-5 with a 3 mm central broad based disc bulge causing mild to moderate central canal stenosis and moderate bilateral subarticular recess stenosis as well as mild to moderate bilateral neural foraminal stenosis left greater than right; and (3) moderate disc desiccation of the L5-S1 with a 4 mm central disc bulge and mild facet arthrosis causing mild central canal stenosis and mild to moderate subarticular recess and neural foraminal stenosis. In addition, the patient underwent a lumbar discogram dated 07/24/2013 under the care of [REDACTED], which revealed: (1) L4-5 had a completely normal cotton ball nucleus, no pain, no discomfort, completely normal discogram at the L4-5; and (2) L5-S1 had some transitional segment, discography revealed a moderate size posterior disc bulge with biconcave nucleus but no complaint of pain even with pressurization about 100 psi. A clinical note dated 08/07/2013 reported the patient was seen under the care of [REDACTED]. The provider documents the patient was previously authorized for microdiscectomy although the provider tends to feel the patient presents with back pain and does not feel microdiscectomy would be the most beneficial surgical procedure for the patient. The provider is recommending L5-S1 arthroplasty. The provider documents the patient's clinical presentation revealed rather significant pain to the low back with some right lower extremity radiation, which develops when the patient does a lot of prolonged sitting.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Arthroplasty: 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), Low Back Chapter.

Decision rationale: The current request is not supported. The clinical documentation submitted for review lacks evidence to support the current request. The clinical notes document the patient continues to present with lumbar spine pain complaints status post a work-related injury sustained in 03/2012. The clinical notes do not evidence documentation of the patient's course of treatment since status post a work-related injury to include any physical therapy progress notes, procedure reports evidencing injection therapy, or the patient's medication regimen. In addition, lumbar discography of the patient performed on 07/24/2013 revealed no significant discomfort and no concordant pain at all with provocative discography at each of the 2 discs at L4-5 as well as L5-S1. The clinical notes failed to evidence a recent thorough physical exam of the patient to support objective findings of symptomatology. In addition, California MTUS/ACOEM does not specifically address the current request. However, the Official Disability Guidelines indicate, "Disc prosthesis is not recommended. While artificial disc replacement as a strategy for treating degenerative disc disease has gained substantial attention, it is not possible to draw any positive conclusions concerning its effects on improving patient outcomes." Studies have failed to demonstrate superiority of disc replacement over lumbar fusion, which is also not recommended treatment in ODG for degenerative disc disease. Given all the above, the request for L5-S1 Arthroplasty is neither medically necessary nor appropriate.