

Case Number:	CM13-0022143		
Date Assigned:	11/13/2013	Date of Injury:	10/30/2004
Decision Date:	01/17/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/09/2013

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.

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 46-year-old male who reported an injury on 04/05/2001. The patient has been previously treated with medication management, epidural steroid injection, chiropractic care, and physical therapy. The patient has MRI evidence of moderate degenerative disc disease at L5-S1 with 3 mm to 4 mm disc osteophyte ridging with moderately severe right neural foraminal narrowing and moderate left neural foraminal narrowing. The patient has x-ray evidence of moderate to severe disc height loss at L4-5 and L5-S1 with no spondylolisthesis on flexion or extension. [REDACTED] on 12/19/2012 reported that the patient was not an optimal candidate for surgery. The patient is noted to have 5/5 motor strength of the lower extremities with symmetric reflexes and antalgic gait. The patient was recommended for artificial disc replacement at L4-5 and fusion at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion at L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: ACOEM guidelines state that "Patients with increased spinal instability (not work related) after surgical decompression at the level of degenerative spondylolisthesis may be

candidates for fusion. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on." The documentation submitted for review fails to indicate the patient has spinal instability to warrant a lumbar fusion procedure. There is also a lack of imaging evidence to suggest the patient would have instability after a decompression procedure at L5-S1. However, decompression at L5-S1 would not be supported given the lack of neurological deficits on physical examination. There was also no psychosocial evaluation submitted for review. Furthermore, the current treatment plan is for an L4-5 artificial disc replacement and L5-S1 lumbar interbody fusion. The request for this hybrid procedure is not FDA approved nor is it supported by current literature or ACOEM Guidelines. As such, the request for anterior lumbar interbody fusion at L5-S1 is non-certified.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.guidelines.gov/content.aspx?id=24226&search=pre-op+clearance>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: ACOEM guidelines state that "If surgery is a consideration, counseling regarding likely outcomes, risks and benefits, and, especially, expectations are very important. Patients with acute low back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms." As the requested surgical intervention was found to be non-certified, the need for preoperative medical clearance is not supported. As such, the request for pre-operative medical clearance is non-certified.

Artificial disc replacement at L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back.

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

Decision rationale: ACOEM guidelines state that "Given the extremely low level of evidence available for artificial disk replacement or percutaneous endoscopic laser discectomy (PELD), it is recommended that these procedures be regarded as experimental at this time." The patient's current treatment plan includes artificial disc replacement at L4-5 and lumbar fusion at L5-S1. This requested hybrid procedure is not consistent with FDA approval for artificial disc

replacement. Furthermore, as cited above, ACOEM Guidelines do not recommend artificial disc replacement given the low level of evidence supporting the procedure. Furthermore, there is lack of imaging evidence to support the need for disc replacement at the L4-5 level. Given the above, the request for artificial disc replacement at L4-5 is non-certified.