

Case Number:	CM13-0024725		
Date Assigned:	10/15/2013	Date of Injury:	08/09/2012
Decision Date:	05/21/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 injured worker is a 28-year-old male who reported an injury on 08/19/2012. The mechanism of injury was not provided. Current diagnoses include midline disc protrusion, back pain, and right leg radiculopathy. The injured worker was evaluated on 12/10/2013. Physical examination was not provided. It is noted that the injured worker has completed conservative treatment, including epidural injections and physical therapy. Treatment recommendations at that time included a disc arthroplasty. It is noted that the injured worker underwent an MRI of the lumbar spine on 02/25/2013, which indicated slight disc desiccation with a 4 mm posterior protrusion and 2 mm superior inferior subligamentous extrusion at L3-4 with mild to moderate central canal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3/4 ANTERIOR DISCECTOMY, L3/4 DISC ARTHROPLASTY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy Section.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients to have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines (ODG) state 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 effect on improving patient outcomes. As per the documentation submitted, the injured worker does not maintain a diagnosis of degenerative disc disease. There was no physical examination provided on the requesting date of 12/10/2013. As guidelines do not recommend disc arthroplasty for the lumbar spine, the current request cannot be determined as medically appropriate.