

Case Number:	CM13-0034656		
Date Assigned:	12/11/2013	Date of Injury:	11/21/2010
Decision Date:	06/20/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/15/2013

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 Neurosurgery, and is licensed to practice in Texas and Michigan. 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 patient is a 41 year old male who sustained an injury on 11/21/10. The patient had complaints of low back and right hip pain. Prior treatment has included multiple facet and epidural steroid injections for the lumbar spine. An MRI of the lumbar spine noted degenerative disc disease both at L4-5 and L5-S1. The patient reported no response to hip injections from 11/12. Electrodiagnostic studies on 3/29/13 noted no evidence for lumbar radiculopathy. An MRI of the lumbar spine from 3/29/13 noted disc desiccation at L4-5 with a 1-2mm disc bulge encroaching on the interior thecal sac. At L5-S1 there was mild disc bulging without evidence of neural foraminal stenosis. The patient underwent lumbar discography on 8/22/13 from L3 to S1. The patient described concordant pain at both L4-5 and L5-S1. No pain was reported at L3-4. The patient was recommended for two level artificial disc replacement at L4-5 and L5-S1 versus posterior lumbar fusion from L4 to S1. The patient elected for a two level artificial disc replacement at L4-5 and L5-S1 to preserve motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior L4-5 and L5-S1 discectomy and placement of artificial Pro Disc L: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12), pages 305-306; the Official Disability Guidelines; and the AMA guidelines.

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, Disc prosthesis.

Decision rationale: The ACOEM/MTUS guidelines do not address this issue, so the Official Disability Guidelines were used instead. Lumbar artificial disc replacement is not fully established within the clinical literature as compared to alternative procedures such as lumbar fusion. The long term efficacy and outcomes from lumbar artificial disc replacement are still unclear. Furthermore, the commercially available artificial discs approved by the FDA for marketing within the United States is limited to a single lumbar level from L2 to S1. A two level lumbar artificial disc replacement utilizing the Prodisc L would be outside of FDA indications for this device. As such, the request is not medically necessary.

Co-surgeon: 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 Other Medical Treatment Guideline or Medical Evidence: American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics <http://www.aaos.org/about/papers/position/1120.asp> (date accessed: 7/10/2013) Role of the First Assistant:.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

3-5 day inpatient stay: 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, Hospitalization.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

240 Norco 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.