

Case Number:	CM13-0038247		
Date Assigned:	12/18/2013	Date of Injury:	11/09/2011
Decision Date:	02/13/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/25/2013

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 patient's date of injury is November 2000 and letting. The patient has chronic low back pain. MRI shows L4-5 L5-S1 degenerative disc condition with herniated disc. The patient had previous cervical surgery. He reports a lot of pain in his back and his left leg. Physical examination he has reduced range of motion of his lumbar spine. He has tenderness to palpation and spasm. The patient has a positive straight leg raise on the left at 60° with weakness of the left great toe. He has had conservative measures to include rest medications and physical therapy and the injection therapy. He continues to have pain. At issue is whether two-level lumbar artificial disc replacement is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective L4-5, L5-S1 Total Disc Replacement: 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) for Low Back Disc Prosthesis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Low Back Disc Prosthesis.

Decision rationale: The Physician Reviewer's decision rationale: Two-level lumbar artificial disc surgery is not approved by the FDA. A probe FDA indication for lumbar artificial disc replacement must include single level surgery only. Two-level artificial disc replacement surgery remains experimental at this time. Long-term outcomes and complications have not been established. No researches need to establish the efficacy of two-level lumbar fusion disc replacement. The procedure minutes experimental at this time. Additionally, the patient does not have a documented specific lumbar radiculopathy which correlates with significant MRI findings of nerve root compressive pathology. There is no redness today indicate is for spinal surgery such as tumor fracture or instability. Lumbar spinal surgery is not medically necessary.

Prospective Pre-Op Medical Clearance: 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) for Low Back Disc Prosthesis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Low Back Disc Prosthesis.

Decision rationale: The Physician Reviewer's decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Prospective 3 Days In-patient Hospital Stay: 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) for Low Back Disc Prosthesis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Low Back Disc Prosthesis.

Decision rationale: The Physician Reviewer's decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Prospective Post-Op Physical Therapy 2x8 for the Lumbar Spine: 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) for Low Back Disc Prosthesis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Low Back Disc Prosthesis.

Decision rationale: The Physician Reviewer's decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

A Prospective Cold Therapy Unit: 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) for Low Back Disc Prosthesis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Low Back Disc Prosthesis.

Decision rationale: The Physician Reviewer's decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

A Prospective Lumbar Aspen LSO Brace: 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) for Low Back Disc Prosthesis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for Low Back Disc Prosthesis.

Decision rationale: The Physician Reviewer's decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.