MAXIMUS Federal Services

Case Number:	CM13-0055980		
Date Assigned:	04/30/2014	Date of Injury:	11/11/2011
Decision Date:	06/11/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/21/2013

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 patient is a 32 year old male who was injured on 11/11/2011. The patient was trying to changes the batteries of a machine. As the patient pulled up the lid, which weighed approximately 60 lbs, he felt low back pain. Prior treatment history has included 20 visits of chiropractic treatment which helped with his leg pain, but not with his back pain; Norco 10/325 mg 3 to 4 times a day, Flexeril 2 times a day and Pamelor 25 mg. The patient underwent a microlumbar decompressive surgery on 11/27/2012; Diagnostic studies reviewed include MRI of the lumbar spine dated 05/01/2013 reveals L5-S1 central protrusion and annular fissure, retrolisthesis and degenerative disc disease resulting in moderate bilateral neural foraminal narrowing. There is L4-L5 mild retrolisthesis with mild caudal right neural foraminal narrowing and mild canal stenosis. PR2 dated 01/20/2014 indicates the patient rates his back pain at an 8/10 on the pain scale. He says his pain has increased since his last visit. The pain is constant in his back and travels down both legs. He feels burning and numbness which radiates down both legs to the bottom of his feet. He has fallen to the ground about five times due to weakness in his legs. He says his activity level continues to be limited due to his pain. He can only stand or walk for about 10 minutes due to severe pain. Objective findings on exam revealed gait is mildly antalgic and slow. Range of motion of the lumbar spine is decreased in all planes and limited by pain. There is decreased sensation at L5 and S1 dermatomes on the left. The tibialis anterior and EHL are 4+/5 bilaterally and limited by pain; Inversion, eversion, and plantar flexors are 5-/5 bilaterally. Diagnoses are multilevel disc herniations, annular fissure at L5-S1; and degenerative disc disease. The treatment and plan include a request for an artificial disk replacement at L5-S1 as opposed to a fusion in order to prevent adjacent segment disease at the L4-L5 disk which is also showing signs of degeneration.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTIFICIAL DISC REPLACEMENT AT L5-S1: 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 NON-MTUS

Decision rationale: Official Disability Guidelines (ODG), Low back, Disc prosthesis.

CA MTUS guidelines do not address the issue in dispute and hence ODG have been consulted. According to the medical records, most recently, the PR-2 dated 1/20/2014, the patient underwent L5-S1 microlumbar discectomy on 11/27/2012. The patient indicated surgery helped his leg pain, but not his back pain. Prior treatment has reportedly included 20 chiropractic sessions, without benefit, and medications that provide 50% reduction in pain. Examination documented tenderness, pain with decreasede lumbar motion, symmetrical motor strength limited by pain, and decreased sensation of the left L5, S1 dermatomes. The May 2013 lumbar MRI revealed post-operative changes and degerative changes. According to the Official Disability Guidelines, disk prosthesis is not recommended. While artificial disc replacement (ADR) 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. The studies quoted below have failed to demonstrate superiority of disc replacement over lumbar fusion, which is also not a recommended treatment in ODG for degenerative disc disease. The medical records do not establish the medical necessity of procedure that is not currently recommended under the evidence-based guidelines and hence the request is not medically necessary.