

Case Number:	CM13-0056361		
Date Assigned:	12/30/2013	Date of Injury:	10/11/2001
Decision Date:	04/01/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/22/2013

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 Texas and California. He/she has been in active clinical practice for more than five years and is currently working least at 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 is a 48-year-old male who reported an injury on 10/11/2001. The mechanism of injury was not provided for review. The patient reportedly injured his low back. The patient's treatment history included a lumbar laminectomy, participation in a home exercise program, and multiple medications for chronic pain management. The patient underwent an electrodiagnostic study in 09/2013 that documented the patient had chronic left L5 radiculopathy. The patient's most recent MRI documented that the patient had moderately severe central canal stenosis at the L4-5, degenerative disc disease with severe facet arthropathy, and left foraminal stenosis impinging on the left L5 and left S1 nerve roots. The patient underwent a bone scan in 09/2013, that documented there was L4 degenerative sclerotic changes; however, the bone mineral density study was within normal limits. The patient's most recent clinical evaluation documented that the patient had decreased lumbar range of motion, and decreased sensation in the lateral and medial aspects of the left lower leg. A request was made for an L4-5 disc arthroplasty and an L5-S1 anterior lumbar interbody fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 disk arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 requested L4-5 disc arthroplasty is not medically necessary or appropriate. Official Disability Guidelines do not recommend disc arthroplasty, as it is considered largely experimental and investigational, and lacks scientific data to support long-term efficacy and safety of this type of surgery. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond guideline recommendations. As such, the requested L4-5 disc arthroplasty is not medically necessary or appropriate.

L5-S1 anterior lumbar interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The requested L5-S1 anterior lumbar interbody fusion is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery for patients with evidence of instability that have failed to respond to all lower levels of treatment. The clinical documentation submitted for review does not provide any evidence that the patient has instability in the L5-S1 level. Additionally, although it is noted that the patient previously underwent surgical intervention, the levels that that surgical intervention was provided to was not included in the clinical documentation. Therefore, it is not clearly indicated if the patient has had previous decompression surgery at the L5-S1 that would support the possibility of instability at that level with further surgical intervention. As such, the requested L5-S1 anterior lumbar interbody fusion is not medically necessary or appropriate.

3 day inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Pre-op labs, EKG, and chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.