

Case Number:	CM13-0062274		
Date Assigned:	12/30/2013	Date of Injury:	04/09/2013
Decision Date:	04/03/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/06/2013

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 Spine Surgery and is licensed to practice in Texas. 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 is a 42-year-old female who reported an injury on 04/09/2013. The patient underwent an MRI in 05/2013 that documented there was an L4-5 disc bulge tear and a disc bulge tear at the L5-S1 impinging on the thecal sac. The patient's most recent clinical documentation noted that the patient had a positive straight leg raising test on the left side with bilateral decreased motor strength rated at a 4/5 and a decreased Achilles tendon reflex on the left side with disturbed sensation in the L5-S1 dermatomes to light touch and pinprick in the left lower extremity. The patient's diagnoses included cervical sprain/strain, L4-5 disc tear, L5-S1 degenerative disc disease with disc tear, lumbar radiculopathy, status post left shoulder rotator cuff repair, and history of gastrointestinal bleeding secondary to NSAID usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Disc Arthroplasty, L4-L5: 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), Disc prosthesis

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, Disc prosthesis

Decision rationale: The requested total disc arthroplasty at the L4-5 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for patients who have significant neurological deficits supported by an imaging study that have been recalcitrant to conservative measures. The clinical documentation submitted for review does indicate that the patient has had significant conservative therapy that has failed to treat this patient's low back symptoms. However, the requested arthroplasty at the L4-5 is not supported by significant neurological deficits at this level. Additionally, Official Disability Guidelines do not support the requested surgical intervention, as there is not a significant amount of scientific data to support the efficacy and safety of this surgical procedure. There are no exception factors noted within the documentation to extend treatment beyond guideline recommendations. As such, the requested total disc arthroplasty at the L4-5 is not medically necessary or appropriate.