

Case Number:	CM14-0009715		
Date Assigned:	02/21/2014	Date of Injury:	03/04/2013
Decision Date:	08/13/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/23/2014

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 Minnesota. 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:

This is a 41-year-old male with a 3/4/2013 date of injury. A specific mechanism of injury was not described. 12/20/13 medical report was non-certified given that studies have failed to demonstrate superiority of disc replacement over fusion. 2/13/14 neurosurgical re-evaluation identifies that the patient continued to have back and leg pain. He is committed to have an artificial disc placed. He is concerned that if he has a microdiscectomy done he would be off work for minimum of three months. He is unwilling to have a fusion done given his age and preponderance of evidence, which shows adjacent level problems developing in the future. Exam revealed decreased sensation in the bilateral L4, L5, and S1 distribution. 8/23/13 lumbar spine MRI revealed large extruded disks at L4-5 with lumbar spinal canal stenosis at L4-5. Treatment to date includes a 2/13/14 ESI, TENS unit, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 TOTAL DISC ARTHROPLASTY: 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), Treatment Index, 11th Edition(web), 2013, Low Back- Disc Prosthesis.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter ARTIFICIAL DISK (DISC).

Decision rationale: The patient has spinal canal stenosis at L4-5 on MRI and decreased sensation on examination. There has also been conservative treatment. Considering this, a lumbar decompression seemed reasonable. However, as the requested procedure is for an artificial disc replacement, the procedure cannot be substantiated. CA MTUS does not support artificial disc replacement, given the extremely low level of evidence available for artificial disc replacement. In addition, ODG states that 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; plus, adjacent segment disease seems to be a natural aging process, and despite early intentions, ADR has not proven any benefit in altering that progression compared to fusion. Therefore, the request is not medically necessary.

1-2 DAYS OF INPATIENT HOSPITAL LENGTH OF 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) ODG hospital length of stay (LOS) guidelines.

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