

Case Number:	CM14-0010323		
Date Assigned:	02/21/2014	Date of Injury:	05/23/2012
Decision Date:	06/09/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/28/2014

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, has a subspecialty in Spine 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:

This is a 59 year old claimant with industrial injury 5/23/12. CT myelogram 8/12/13 demonstrates small left sided disc protrusion at L4/5 and L5/S1 with narrowing of the left lateral recesses. MRI lumbar spine from 8/12/13 demonstrates small left paracentral disc protrusion at L4/5 with left lateral recess without displacement of the traversing nerve root. Exam note 12/26/13 demonstrates recurrent low back pain with right buttock and foot pain. Examination demonstrates limited range of motion. Report of mild to moderate weakness of bilateral long toe plantarflexors, gastrocnemius and peroneal muscles. Request for L4/5 anterior artificial disc replacement and anterior L5/S1 fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4 5 ANTERIOR ARTIFICIAL DISC REPLACEMENT AND ANTERIOR LUMBAR INTERBODY FUSION WITH INSTRUMENTATION: 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), and The Spine Journal (January 2013) 13 (1) Pg. 5-12. Pierce D Nunley; Ajay Jawahar; David A Cavanaugh; Charles R Gordon; Eubulus J Kerr; Phillip Andrew.

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, Fusion And Disc Prosthesis Section.

Decision rationale: CA MTUS/ACOEM is silent on the issue of disc replacement or fusion. According to the Official Disability Guidelines (ODG) criteria artificial disc replacement in the lumbar spine is not recommended. In addition there is no indication for a lumbar fusion as there is no evidence of instability in the records or the CT and MRI of the lumbar spine. Therefore the request is not medically necessary or appropriate.

3 TO 4 DAYS INPATIENT 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.