

Case Number:	CM14-0011116		
Date Assigned:	02/21/2014	Date of Injury:	04/13/2012
Decision Date:	06/26/2014	UR Denial Date:	01/22/2014
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 Emergency Medicine and is licensed to practice in New York. 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 31-year-old male who was injured on April 13, 2012. The patient continued to experience pain in his left buttock and left leg. Physical examination showed positive left straight leg raise, normal sensory function, normal motor function, and normal deep tendon reflexes. MRI (magnetic resonance imaging) of the lumbar spine reported disc protrusion at L5-S1. The treatment, including physical therapy and injections, did not provide relief. The requests for authorization for assistant surgeon, [REDACTED], L5-S1 disc replacement with 3 day hospital stay, and post-op durable medical equipment (DME): back brace were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 DISC REPLACEMENT - 3 DAY HOSPITAL STAY: 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).

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-Lumbar & Thoracic, Disc Prosthesis

Decision rationale: The MTUS does not address this issue. The Official Disability Guidelines (ODG) is consulted in this case. Disc replacement surgery 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. Studies have failed to demonstrate superiority of disc replacement over lumbar fusion. Longevity of this new procedure is unknown, especially with a relatively young average age in workers' comp patients, and the consequences of failure of an implant in close proximity to caudal equina and vital organs (e.g., aorta, vena cava and iliac arteries) are of concern. 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. Studies with lumbar ADR reflect outcomes measured up to 24 months. These are mechanical devices and future failure is a possibility and may influence complication rates in the longer-term. The procedure is not recommended; therefore, the request is not certified.