

Case Number:	CM14-0011583		
Date Assigned:	02/21/2014	Date of Injury:	11/11/2011
Decision Date:	06/25/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/29/2014

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 Spinal Surgery 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:

Patient presents with chronic low back pain. Patient also has numbness in the left foot. The patient had microlumbar decompressive surgery which didn't help leg pain and back pain. A physical examination shows patient has tenderness to the low back. Gait is slow and antalgic. Range of motion lumbar spine is diminished in all planes leg pain. There are decreased sensation L5 and S1 dermatomes on the left. Tibialis anterior EHL are weak bilaterally. Patient's diagnosis is status post mitral decompressive surgery right L5-S1 with multilevel herniations at L4-5 and L5-S1. MRI lumbar spine to make 2013 shows postoperative changes at L5-S1 and L4-5 retrolithesis with right foraminal narrowing. Patient had chiropractic treatment and continues to have pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTIFICIAL DISC REPLACEMENT AT L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Official Disability Guidelines (ODG), Low Back, Disc Prosthesis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: The patient is not an appropriate candidate for artificial disc replacement in the lumbar spine at L5-S1. Specifically the MRI shows 2 levels of degeneration L4-5 and L5-S1. In addition the patient had previous decompressive surgery at L5-S1. Both of these are contraindications to lumbar artificial disc replacement according to FDA guidelines. FDA criteria for lumbar artificial disc replacement is not met as the patient has more than one level of degeneration and this had previous surgery. Artificial disc replacement in cases of multiple levels of disc degeneration an MRI imaging remains experimental at this time. Therefore, the request for artificial disc replacement at L5-S1 is not medically necessary and appropriate.