

Case Number:	CM14-0016504		
Date Assigned:	04/11/2014	Date of Injury:	10/08/2012
Decision Date:	07/11/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/07/2014

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 New York, Washington, and New Hampshire. 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 26-year-old male with a date of injury is October 8, 2012. The patient's chronic back pain. MRI (magnetic resonance imaging) from June 2013 shows severe canal stenosis and neuroforaminal stenosis at L4-5. At L5-S1 there is a disc bulge with moderate canal stenosis. Physical examination is limited lumbar range of motion and hyperesthesia and S1. The patient has had physical therapy and medications for past treatment. At issue is whether Coflex device is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE LAMINECTOMY AND DISCECTOMY WITH INSERTION OF COFLEX DEVICE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lumbar Spine, and <http://www.paradigmspine.com/content/coflex-interlaminar-technology>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: Coflex device remains experimental for the treatment of lumbar spinal stenosis. There were no long-term outcomes studies to demonstrate the safety and efficacy of this device. Also, the patient does not meet criteria for lumbar decompressive or fusion surgery. Specifically, the medical records do not document radiculopathy on physical examination include correlates with nerve root compression on MRI (magnetic resonance imaging) studies. Also there is no evidence of lumbar instability fracture or tumor. There is no medical necessity for lumbar decompression or fusion surgery. Coflex surgery is experimental and not medically necessary in this case.