

Case Number:	CM14-0130600		
Date Assigned:	08/20/2014	Date of Injury:	02/14/1999
Decision Date:	09/26/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/15/2014

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 Texas. 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 injured worker is a 60-year-old male who reported an injury on 02/14/1999. The mechanism of injury was not provided. The surgical history, medications and prior therapies were not provided. The injured worker underwent a CT of the lumbar spine without contrast which revealed at the level of L5-S1, there was a broad-based disc bulge near circumferentially. The bulge measured 4 to 5 mm in the minimal axial dimension posteriorly and posterolaterally roughly symmetric on both sides. There was no significant spinal stenosis due to a tapering thecal sac. There was severe bilateral foraminal narrowing due to the bulge and bony degenerative changes. the patient underwent an MRI of the lumbar spine on 02/28/2013 which revealed at the level of L5-S1, there was a 3 to 4 mm posterior disc bulge effacing the ventral surface of the thecal sac resulting in moderate right and moderate to severe left neural foraminal narrowing in conjunction with facet joint hypertrophy. The documentation of 06/24/2014 revealed the injured worker had complaints of intractable discogenic low back pain due to intervertebral disc disorder at L5-S1. The physician requested an L5-S1 artificial disc replacement. The injured worker underwent a fluoroscopically guided provocative lumbar discography on 05/23/2014, which revealed at L5-S1, the opening pressure was 10 and the peak pressure was 48. The testing resulted in a 10/10 concordant pain revealing a grossly degenerative disc pattern. There was a Request for Authorization submitted for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Retroperitoneal Approach for L5-S1 artificial disc replacement (using synthes prodisc-L): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment on Workers Compensation: Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Disc prosthesis.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms. There should be clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short- and long-term from surgical repair. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review failed to meet the above criteria. There was a lack of documentation indicating the injured worker had failed conservative treatment. The ACOEM Guidelines and the California MTUS Guidelines do not specifically address disc prosthesis. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that disc prosthesis is not recommended. The clinical documentation submitted for review failed provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for anterior retroperitoneal approach for L5-S1 artificial disc replacement using synthes prodisc-L is not medically necessary.

Co-Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

3 day inpatient 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: Back Procedure Summary; Hospital Length of Stay (LOS) Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.