

Case Number:	CM14-0176255		
Date Assigned:	10/29/2014	Date of Injury:	10/13/2011
Decision Date:	12/05/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/24/2014

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 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:

The patient is a 52-year-old male with a date of injury of October 3, 2011. The patient has chronic low back pain. MRI of the lumbar spine from 2011 shows bulging discs at L3-4, L4-5 and L5-S1. There is retrolisthesis at L4-5 and L5-S1. The central disc displacement at L5-S1. There is foraminal narrowing at L4-5. Updated MRI from 2014 shows L4-5 annular disc bulge with retrolisthesis of L4 and L5. At L5-S1 there is a mild disc bulge. Patient continues to have chronic low back pain. On physical examination the patient has tenderness palpation of the lumbar spine. There is weakness of heel walking on the left greater than the right. There is decreased sensation in the right leg. Patient has an antalgic gait. At issue is whether artificial disc surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 artificial disc arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG low back pain chapter

Decision rationale: This patient does not meet FDA criteria for artificial disc surgery. Specifically imaging studies document retrolisthesis of lumbar vertebrae. In addition MRI imaging shows multiple levels of degenerative disc involvement. FDA indications for artificial disc replacement are for only one affected degenerative level with no evidence of slippage or spondylolisthesis. In addition artificial disc replacement is only appropriate in patients with single level degeneration. This patient has multiple levels of degeneration. Artificial disc replacement is not medically necessary in this patient FDA criterion and ODG criteria are not met.

L5-S1 Artificial disc arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG low back pain chapter

Decision rationale: This patient does not meet FDA criteria for artificial disc surgery. Specifically imaging studies document retrolisthesis of lumbar vertebrae. In addition MRI imaging shows multiple levels of degenerative disc involvement. FDA indications for artificial disc replacement are for only one affected degenerative level with no evidence of slippage or spondylolisthesis. In addition artificial disc replacement is only appropriate in patients with single level degeneration. This patient has multiple levels of degeneration. Artificial disc replacement is not medically necessary in this patient FDA criterion and ODG criteria are not met.

Two day inpatient hospitalization: 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 surgery is not medically necessary, then all other associated items are not needed

Pre-operative services (CBC, CMP, PT, PTT, US, EKG, chest X-ray): 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 surgery is not medically necessary, then all other associated items are not needed.

