MAXIMUS Federal Services

Case Number:	CM14-0037696		
Date Assigned:	06/25/2014	Date of Injury:	02/07/2000
Decision Date:	07/28/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/28/2014

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 Occupational Medicine 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 48 year old male who sustained an injury on 02/07/00. The specific mechanism of injury was not noted. The injured worker has been followed for complaints of low back pain radiating through the lower extremities posteriorly. The injured worker did have prior discography completed in April of 2013 from L3 through S1 which noted concordant pain at L4-5 and at L5-S1 with noted degenerative changes. The clinical report on 01/16/14 noted continuing low back pain despite medications. Physical examination noted decreased range of motion in the lumbar spine with tenderness over the facet joints. MRI studies of the lumbar spine from 02/06/14 noted a disc protrusion at L4-5 with mass effect present at the left L5 nerve root within the lateral recess. There was also displacement of the left L4 nerve root as it emerged from the neuroforamen. At L5-S1, there was facet arthritis with disc bulging present with severe foraminal stenosis compressing the exiting left L5 nerve root. There was also mild mass effect on the left L5 nerve root as it emerged into the proximal lateral zone. The proposed L5-S1 anterior lumbar interbody fusion with LDR system and L4-5 artificial disc replacement with preoperative clearance and an assistant surgeon was denied by utilization review on 02/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 ANTERIOR LUMBAR FUSION WITH LDR SYSTEM, L4-5 ARTIFICIAL DISC REPLACEMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

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

Decision rationale: In regards to the requested L4-5 artificial disc replacement and an L5-S1 anterior lumbar interbody fusion with an LDR system, this reviewer would not have recommended the request as medically necessary. The injured worker has noted 2 level degenerative disc disease at L4-5 and at L5-S1 with associated nerve root contact and displacement. Although there are indications for surgery in this case, the proposed hybrid lumbar artificial disc replacement and lumbar fusion from L4 through S1 would be experimental and investigational and not medically necessary. There is insufficient evidence within the clinical literature establishing the efficacy obtained with hybrid lumbar ADR and lumbar fusion procedures. Furthermore, the lumbar artificial disc systems for the lumbar spine are indicated at a single level only per the FDA and there are no indications for hybrid fusion procedures with lumbar artificial disc replacement units. Therefore, this reviewer would not have recommended this request as medically necessary.

PRE-OP CLEARANCE: 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

ASSISTANT SURGEON.: 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.