

Case Number:	CM14-0037768		
Date Assigned:	06/25/2014	Date of Injury:	05/19/2013
Decision Date:	07/29/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/31/2014

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 Neurological Surgery and is licensed to practice in California. 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 38 year-old male injured on 5/19/2013. The mechanism of injury was noted as a work related injury. The most recent progress note, dated 2/3/2014, indicated that there were ongoing complaints of low back pain and bilateral leg pain left worse than right. The physical examination demonstrated bilateral upper and lower extremities, muscle strength 5/5, sensory diminished in the L5 and S1 distribution, bilateral lower and upper reflexes 2+ equal bilateral, positive straight leg raise on the left, normal gait. Diagnostic imaging studies of the lumbar spine MRI August 17, 2013 revealed postsurgical changes at L5-S1, Grade I degenerative spondylolisthesis at L4-L5 and L5-S1, L5-S1 posterior and posterolateral disc osteophyte on the left measuring 4 mm - 5 mm with displacement and compression of the descending left S1 nerve, L4-L5 mild disc desiccation diffuse bulge 3 mm - 4 mm, foraminal stenosis at L4-L5 and L5-S1, and decreased lordosis. A 2/26/2014 CT scan of the lumbar spine revealed L5-S1 disc protrusion, central canal stenosis at L4-L5 and L5-S1 and mild bilateral L4-L5 and L5-S1 foraminal stenosis. Previous treatment included prior lumbar surgery, physical therapy, epidural steroid injection, and Celebrex. Massage and chiropractic treatment were paid out of his pocket on an as needed basis. A request had been made for L5-S1 ProDisc-L total disc arthroplasty and 2-3 days inpatient stay preoperative and labs, vascular co-surgeon, and assistant surgeon and was not certified in the pre-authorization process on 3/3/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 ProDisc-L total disc arthroplasty: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: The American College of Occupational and Environmental Medicine guidelines state that total disc arthroplasty to include artificial disc replacement, is recommended and that these procedures be regarded as experimental at this time, given the extremely low level of evidence available for artificial disk replacement or percutaneous endoscopic laser discectomy (PELD). After reviewing the medical records, it was noted that the injured worker does have chronic low back pain as well as radiating leg pain left greater than right. According to the literature and guidelines, the request for this procedure is deemed experimental due to lack of evidence-based medicine and randomized controlled trials. This request is deemed not medically necessary at this time.

2-3 days inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative and labs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Vascular co-surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.