

Case Number:	CM14-0038726		
Date Assigned:	06/27/2014	Date of Injury:	06/18/2009
Decision Date:	07/31/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/02/2014

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 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 31-year-old male who reported an injury on 06/18/2009. The mechanism of injury was climbing a pole. The diagnosis was degeneration of the lumbar/lumbosacral spine disc. The note provided for review dated 04/18/2014 revealed the injured worker had numbness and tingling in the left lower extremity and bowel incontinence. The injured worker had stiffness of the low back and lower extremity weakness. There was a loss of motor control of the lower extremities. The injured worker had spasms of the low back. Physical examination revealed the injured worker had tenderness to palpation over the paraspinal muscles overlying the facet joints and SI joints. The physician was unable to test the lumbar spine range of motion due to severe pain. The neurologic examination revealed an absent Achilles deep tendon reflex on the right side. The sensation was within normal limits with the exception of a diminished light touch sensation in an L4, L5 on the right side with dermatomal distribution. It was indicated the injured worker was noted to have incomplete sensory loss to the L5 dermatome. The injured worker had an antalgic gait. The treatment plan included a surgery per another physician. The requesting physician documentation was not provided for review. There was no DWC Form RFA, or PR-2 submitted for the requested procedure. There was no electrodiagnostic study submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 and L5-S1 Anterior Total Disc Arthroplasty with Prodisc artificial disc and 2 day inpatient hospital stay: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 205-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Disc prosthesis Hospital length of stay (LOS).

Decision rationale: The ACOEM Guidelines indicate that surgical consultation may be appropriate for injured workers who have documentation of 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 documentation of clear clinical, imaging, and electrophysiological 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 indicated the injured worker had clear objective findings upon examination. However, there was no PR-2 submitted from the requesting physician. Additionally, there was not enough documentation of imaging and electrophysiological evidence to support the necessity for the surgical intervention. This portion of the request would not be supported. The California MTUS/ACOEM Guidelines do not address hospital length of stay or artificial disc replacement. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that disc prosthesis is not recommended. There was no documentation of exceptional factors to support the request for an artificial disc. The Official Disability Guidelines indicate that the hospital length of stay for a lumbar fusion is 3 days. Given the above, the request for L4-5 and L5-S1 Anterior Total Disc Arthroplasty with Prodisc artificial disc and 2-day inpatient hospital stay is not medically necessary.