

Case Number:	CM14-0046799		
Date Assigned:	08/08/2014	Date of Injury:	08/29/2011
Decision Date:	09/11/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/15/2014

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 Indiana. 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 29-year-old female who suffered a work injury on 8/20/11 in a slip and fall injury landing on her back. She was initially treated conservatively with medications. An MRI showed evidence for disk abnormalities. She had a prior history of nonindustrial work injury in 2007 diagnosed as a back strain and a disk herniation. She was treated subsequently with physical therapy, job restrictions; medrol dose packs for acute flare-ups, transforaminal injections, and bilateral L4-5 and L5-S1 facet blocks with only temporary relief. Due to continued lower back pain symptoms, surgery for L4-5 and L5-S1 disc arthroplasty was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5-S1 Disc Arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MDGuidelines: ACOEM V.3, Low Back, Treatments, Surgical Considerations.

Decision rationale: There is no direct evidence that disc replacement is superior to non-surgical approaches. Results from trials are not generalizable to those with multi-level degenerative disc disease. This treatment should still be considered experimental, as it is not known whether the encouraging results in Zigler's RCT (922) can be reproduced in other centers. The follow-up in the published RCTs is too short to consider this standard treatment, and disc replacement must still be considered as an experimental treatment. There are also no RCTs comparing disc replacement to modern multidisciplinary rehabilitation. Available RCTs compare disc replacement to fusion (936, 937) and as noted in the fusion section of this guideline, this procedure has not been shown to improve the outcomes over modern non-operative care. The treating surgeon states in his office notes dated November 25, 2013, that "... a fusion is a very durable option...The disc arthroplasty theoretically preserves a little motion at the index levels of surgery...; however studies have not conclusively proven that this lowers the rate of adjacent level degeneration... In general this is done for one level application with degenerative disease if there is no significant arthropathy. At times it can be done in an off-label application for two-level disease, but again even with this there is a significant percentage of patients who do not improve with surgery."The current ACOEM V.3 Guidelines do not recommend disc arthroplasty for chronic non-specific low back pain or any other spinal pain syndrome and the requested procedure would be considered off-label by the surgeon's own admission. For these reasons, the request for L4-5, L5-S1 disc arthroplasty is not medically necessary.

Pre-op Testing: CMP, CBC, PTT, PT, UA, Chest X-ray, EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MDGuidelines: ACOEM V.3, Low Back, Treatments, Surgical Considerations.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MDGuidelines: ACOEM V.3, Low Back, Treatments, Surgical Considerations.

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

Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM V.3, Low Back Disorders, Lumbar supports.

Decision rationale: Since the requested surgical treatment is not medically necessary, and because a back brace (lumbar support) is only useful for spondylolisthesis, documented instability or post-operative treatment, which does not apply in this patient's case, the requested back brace is not medically necessary.