MAXIMUS Federal Services

Case Number:	CM14-0075629		
Date Assigned:	07/16/2014	Date of Injury:	02/08/1999
Decision Date:	08/14/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/23/2014

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 Orthopaedic 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:

This 51-male sustained an industrial injury on 2/8/1999. The mechanism of injury was not documented. Past surgical history was positive for L5/S1 anterior lumbar interbody fusion on 3/31/00. The 2/17/14 treating physician appeal letter relative to lumbar spine arthroplasty at L3/4 and L4/5 stated that the patient had serious spinal pathology or nerve root dysfunction with deteriorated lower extremity neurologic deficits as evidenced by left lower extremity 4/5 motor weakness, positive straight leg raise and slight dragging of the right foot. Imaging evidence was consistent with the diagnosis and there was x-ray evidence of an anterior listhesis of L2 on L3 in flexion and grade 1 retrolisthesis on extension and anterolisthesis of L3 on L4 in flexion and loss of disc height. The patient had failed comprehensive conservative treatment since at least 1/30/13. The 3/25/14 treating physician report cited moderate to severe low back pain radiating down both lower extremities to the feet with numbness and tingling. There was bilateral knee pain with mechanical symptoms. Physical exam documented lumbar flexion to 30 degrees with pain, bilateral paraspinal muscle spasms, positive straight leg raise on the left, bilateral quadriceps atrophy, and slightly decreased (5-/5) extensor hallucis longus strength bilaterally. The diagnosis included posttraumatic lumbar sprain/strain, unstable motion segments per x-rays at L3/4 and L4/5, and L5/S1 radiculopathy per EMG. MRI findings included 4 mm disc protrusion at L3/4 with facet hypertrophy, abutment of the bilateral exiting nerve root, and moderate to severe bilateral neuroforaminal narrowing. At L4/5, there was a 5 mm disc protrusion with facet hypertrophy, moderate central canal stenosis with narrowing of the central canal to 9 mm, and moderate to severe bilateral neuroforaminal narrowing. The treatment plan noted pending authorization for total disc arthroplasty at L3/4 and L4/5. The 4/28/14 utilization review denied the request for lumbar spine artificial disc replacement citing guideline support was limited to single level disease in the absence of nerve root compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Arthroplacties at L3-4 abd L4-5 with Prodisc: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 219-220. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Disc Prothesis.

Decision rationale: The ACOEM Revised Low Back Disorder guidelines state that artificial disc replacement (ADR) is not recommended as a treatment for chronic non-specific lower back pain or any other spinal pain syndrome. Guidelines cited two major clinical randomized controlled trials evaluating disc replacement surgeries, including ProDisc. The Official Disability Guidelines, updated 7/3/14, do not recommend ADR. Current US treatment coverage recommendations were listed. Indications for lumbar ADR include primary back and/or leg pain in the absence of nerve root compression with single level disease. Patients exclusions also include spondylolisthesis, stenosis, facet mediated pain, and osteoporosis. FDA approved indications are listed as failure of 6 months non-operative treatment, skeletally mature patient, single disc only, no infection, no sensitivity to implant materials, and no osteoporosis or spondylosis. Guideline criteria have been met. This patient presents with at least 2-level disc disease with imaging and EMG evidence of nerve root compression and central canal stenosis. Additionally, x-rays demonstrated anterolisthesis at L2/3 and L3/4. Finally, such a request adjacent to a prior fusion (at L5-S1 in this case) has not been documented in large volume long term studies. Therefore, this request for lumbar spine arthroplasties at L3-4 and L4-5 with ProDisc is not medically necessary.