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| Case Number: | CM14-0088509 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 06/10/2010 |
| Decision Date: | 08/27/2014 | UR Denial Date: | 05/14/2014 |
| Priority: | Standard | Application Received: | 06/12/2014 |

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 patient is a 66 year old male who complained of neck pain and low back pain on 06/10/10. A clinical note dated 12/27/13 indicated the patient exhausting all conservative treatment including chiropractic manipulation, acupuncture, and physical therapy. The patient previously underwent two lumbar epidural steroid injections without any significant benefit. The patient had findings consistent with radiculopathy in L5-S1 distributions. The patient rated low back pain 8-9/10 on the visual analog scale. The patient utilized Norco and Tramadol for pain relief. Utilization review dated 05/14/14 resulted in denial for coflex device at L3-4 and L4-5 as insufficient information had been submitted of completion of all conservative treatment. No imaging studies were submitted confirming significant pathology. A clinical note dated 03/10/14 indicated the patient continuing with persistent low back pain. Upon exam the patient demonstrated 5/5 strength throughout the lower extremities. Reflexes no reflex or sensory deficits strength at no reflex deficits were identified. Sensation was decreased in L3 through S1 nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Coflex at L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Dynamic neutralization system (Dynesys®).

Decision rationale: The patient complained of ongoing low back pain. Use of a lumbar coflex device in the lumbar spine is not recommended. The patient coflex device is indicated for patients with spondylolithesis in elderly patient patients instead of undergoing fusion. However, no high quality studies have been published in peer reviewed literature supporting the safety and efficacy of the use of the coflex device. Without high quality studies supporting the safety and efficacy of the use of the proposed device this request is not indicated as medically necessary.