

Case Number:	CM14-0190019		
Date Assigned:	11/21/2014	Date of Injury:	08/10/2006
Decision Date:	01/09/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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 Spine Surgeon 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 39-year-old female who reported injury on 08/10/2006. The diagnoses included lumbago. The surgical history included a posterior spinal fusion at L5-S1. Prior therapies included acupuncture and physical therapy. There was a Request for Authorization dated 10/07/2014. The documentation of 10/17/2014 revealed the surgical intervention had been denied as the provider failed to demonstrate which of the 3 levels, if any, was the pain generator, and had chosen to operate on 2 of the levels. The requested levels were L3-5 for artificial disc replacement. The imaging studies demonstrated only mild degenerative findings at 3 levels. The physician documented that he had specified which lumbar disc levels were degenerative with imaging demonstrating desiccation. There was intervertebral desiccation, intervertebral height collapse and slight retrolisthesis of L3-4 and L4-5. The injured worker had a solid fusion at L5-S1. The documentation indicated the injured worker had remaining lumbar pain and lumbar lower extremity radiculopathy intermittently in the bilateral legs. The injured worker had a normal motor examination. The injured worker had pain with lumbar extension, but more with flexion. The injured worker moved frequently, adjusting herself to find a position of comfort. Sensation was intact. There was no hyperreflexia or pathologic reflex on examination. The injured worker's medications included Acetaminophen 500 mg tablets, Cyclobenzaprine 7.5 mg tablets, Diclofenac 100 mg SR tablet, and Fluoxetine by mouth. The CT of the lumbar spine without contrast performed on 08/25/2014 officially revealed at L3-4 there was a circumferential disc bulge. There was mild bilateral facet sclerosis and ligamentum flavum thickening. The midline AP diameter of the thecal sac was approximately 12 mm. There was bilateral inferior neural foraminal narrowing. At L4-5 there was mild circumferential disc bulge. There was mild bilateral facet hypertrophy and ligamentum flavum thickening. The midline AP diameter of the thecal sac was approximately 12 mm. There was bilateral inferior neural foraminal narrowing.

The overall impression revealed mild degenerative disc disease and spondylosis without significant central spinal stenosis. There was mild to moderate right neural foraminal narrowing at L5-S1, and the SPECT CT images revealed low level uptake at L3-4 disc space. There was no significant uptake involving the lumbar facet joints or other intervertebral levels. There was a nonspecific low level uptake in the iliac side of the bilateral sacroiliac joints. There was low grade radio tracer uptake at L3-4 and L5-S1 disc spaces as well as along iliac side of both sacroiliac joints. There was no CT evidence of sacroiliitis, or significant sacroiliac changes. There was no significant uptake seen involving the lumbar facet joints. There was no Request for Authorization submitted to support the request and the original date of request could not be determined through supplied documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Artificial Disc Replacement L3-L5 @ [REDACTED] between 10/7/2014 and 1/8/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305, 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic)

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, Disc Prosthesis

Decision rationale: The Official Disability Guidelines do not recommend disc prosthesis, as it is not possible to draw any positive conclusions concerning its effect or improving patient outcomes. There was a lack of documentation of electrodiagnostic studies to support the necessity for surgical intervention. There was a lack of documentation of an exhaustion of conservative care. The CT failed to support the necessity for surgical intervention at all of the requested levels. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for artificial disc replacement L3-L5 @ [REDACTED] between 10/7/2014 and 1/8/2015 is not medically necessary.

Associated surgical service: 1 Vascular Surgeon between 10/7/2014 and 1/8/2015: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Associated surgical service: One (1) Medical Clearance between 10/7/2014 and 1/8/2014:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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