

Case Number:	CM14-0207183		
Date Assigned:	12/17/2014	Date of Injury:	01/27/1992
Decision Date:	02/13/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/10/2014

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, has a subspecialty in Spine 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 48-year-old male who reported an injury of unspecified mechanism on 01/27/1992. On 11/26/2014, his diagnoses included lumbar disc L4-5, L5-S1 status post disc L5-S1 and lumbar spinal stenosis. His complaints included pain in the lower back and left lower extremity. He stated he could not walk "far" without getting spasms and cramps in the legs and bottom of his feet. His low back clicked when he twisted or rotated and he got sharp electrical type pains. Upon examination, there was left thigh discomfort and tightness in the hamstrings. He had a positive straight leg raising test at 50 degrees. Laterality was not specified. There was a stimulator present and tender at L5-S1. He had lumbar spasms with tightness during the straight leg raising test. His flexion at the waist was 50 degrees. It was noted that he went to a [REDACTED] and used the bike, the pool, the sauna and the whirlpool to control his pains. He stated that his exercise program helped him to remain working. He felt that the combination of oxycodone 10 mg and hydrocodone 10/325 mg was beneficial. A lumbar myelogram and postmyelo CT on 10/09/2014 revealed a previous lumbar fusion which was solid with no neural compression or stenosis at L4-5 and L5-S1. There was a small to moderate broad degenerative bulge and some moderate degree of degeneration at L3-4. There was cephalad junctional spondylosis and grade I/IV facet arthropathy at L3-4 approaching 20 year status post L4-S1 posterior instrumented arthrosis solidly fused with a unilateral SI fusion at the anterior right SI joint. On the basis of these findings it was noted that if his pain and disability were bad enough, he would be considered a candidate for a complete disc removal and reconstructive surgery and based upon his age and the fact that he did not have advanced facet arthropathy, the ProDisc was recommended. A Request for Authorization dated 11/26/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total ProDisc Replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 - Lumbar & Thoracic, Disc prosthesis.

Decision rationale: The request for total ProDisc replacement is not medically necessary. The Official Disability Guidelines do not recommend disc prosthesis. While artificial disc replacement as a strategy for treating degenerative disc disease, has gained substantial attention, it is not possible to draw any positive conclusions concerning its effect on improving patient outcomes. The studies reviewed have failed to demonstrate superiority of disc replacements over lumbar fusion, which is also not a recommended treatment in ODG for degenerative disc disease. The guidelines do not support this procedure. Additionally, no spinal level was specified in the request. Therefore, this request for total ProDisc replacement is not medically necessary.