

Case Number:	CM15-0142400		
Date Assigned:	08/03/2015	Date of Injury:	03/10/2010
Decision Date:	09/22/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/22/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 (IW) is a 45-year-old female who sustained an industrial injury on 03-10-2010. Diagnoses include lumbar degenerative disc disease and lumbar herniated nucleus pulposus. Treatment to date has included medications, epidural steroid injection, physical therapy, acupuncture and discectomy. According to the narrative notes dated 6-25-2015, the IW reported back pain with some buttock pain, more on the right than the left. The IW was working. On examination, range of motion of the lumbar spine was limited, but there were no neurological deficits. There was some numbness in the S1 distribution. The provider believed the sensory damage on the left side in the S1 nerve root distribution was an acute injury on a chronic problem, due to the IW's past history of disc herniation. MRI of the lumbar spine on 8-19-2014 showed a 5 mm left posterior inferiorly herniated and extruded disc fragment associated with 2 mm posterior and bilateral intraforaminal disc bulge causing mild left L5-S1 stenosis and lateral displacement of the left S1 nerve root in the lateral recess with mild to moderate spondylosis; also a 1 mm posterior disc protrusion at L2-L3 with mild spondylosis. Electrodiagnostic testing on 2-26-2015 was positive for chronic left S1 radiculopathy. A request was made for L5-S1 artificial disc replacement; one MRI of the lumbar spine w/o contrast; pre-operative clearance with a specialist; and 18 post-operative physical therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 artificial disc replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305, 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), disc prosthesis.

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, Disc prosthesis.

Decision rationale: CA MTUS/ACOEM is silent on the issue of disc arthroplasty. According to the ODG, Low Back, Disc prosthesis, it is not recommended. It states, "While artificial disc replacement (ADR) 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 quoted below have failed to demonstrate superiority of disc replacement over lumbar fusion, which is also not a recommended treatment in ODG for degenerative disc disease." As the guidelines do not recommend lumbar artificial disc replacement, the determination is not medically necessary.

Associated surgical services: MRI of the lumbar spine w/o contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 53.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Pre-op clearance with specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, 1999 edition, pages 92-93.

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, preoperative testing.

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

18 post-op physical therapy sessions for the lumbar spine: 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.