

Case Number:	CM15-0143438		
Date Assigned:	08/04/2015	Date of Injury:	03/09/2011
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/23/2015

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: Minnesota, Florida
 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 is a 52 year old female who sustained an industrial injury on 03-09-11. Initial complaints include lower back pain. Initial diagnoses are not available. Treatments to date include medications, therapy and epidural steroid injections. Diagnostic studies include an X-ray of the lumbar spine on 04-21-15 which was not available for review in the submitted documentation. Current complaints include chronic left lower back pain with radiation to the left leg and foot. Current diagnoses include lumbago and left leg sciatica. In a progress note dated 06-23-15 the treating provider reports the plan of care as an anterior approach total disc replacement at L4-5, a preoperative psychological evaluation and a preoperative consultation. The requested treatments include an anterior approach total disc replacement at L4-5, a preoperative psychological evaluation and a preoperative consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior approach pro disc left total disc replacement at L4-L5: 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) - Disc prothesis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Lower Back, Topic: Disc prosthesis.

Decision rationale: CA MTUS guidelines do not address this issue. ODG guidelines are therefore used. ODG guidelines do not recommend disc replacement in the lumbar spine. Studies have failed to demonstrate superiority of disc replacement over lumbar fusion. Furthermore, longevity of the disc replacement is unknown. ODG guidelines consider total disc replacements to be an experimental procedure which should only be used in strict clinical trials. As such, the request for an anterior approach pro disc total disc replacement at L4-5 is not supported by guidelines and the medical necessity of the request has not been substantiated.

Pre op psych evaluation: 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.

Pre op consult: 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.