

Case Number:	CM15-0182220		
Date Assigned:	09/23/2015	Date of Injury:	02/19/2015
Decision Date:	10/28/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/16/2015

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: Illinois, California, Texas
 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:

This injured worker is a 44-year-old female who sustained an industrial injury on 2/19/15, relative to a motor vehicle accident. Past medical history was reported as negative. Social history documented current smoking. Records documented that the 3/24/15 lumbar spine MRI demonstrated L4/5 and L5/S1 disc protrusion with annular tear and stenosis. The 5/7/15 orthopedic consult report cited frequent low back pain radiating into the right lower extremity. Pain increased with sitting, walking, standing, forward bending, squatting, stooping, climbing or descending stairs, twisting, turning, and forceful pushing and pulling. She also reported constant right hip pain with prolonging sitting, standing or walking and associated with popping and grinding. Physical exam documented significant low back, right buttock and sacroiliac joint tenderness. She had positive straight leg raise, greater on the right. She had dysesthesias in the right foot and intact motor function, limited by pain. Imaging showed spinal stenosis and disc protrusions. The treatment plan recommended lower extremity EMG/NCV. She had seen a neurosurgeon and was reported a surgical candidate. The 6/16/15 orthopedic follow-up report cited decreased pain for 4 days following an epidural steroid injection. Physical exam documented positive straight leg raise and pain with lumbar motion. Continued pain management was recommended. Conservative treatment had included activity modification, medications, chiropractic, physical therapy, and epidural steroid injection. Records documented reports on 7/7/15 and 8/26/15 citing lower back pain radiating into both legs with numbness and tingling in the foot, and increased frequency of urination and urgency. There was reported decreased L5 and S1 dermatomal sensation, 4/5 right dorsiflexion and plantar flexion weakness, pain over the sciatic notch, and Achilles reflex absent on the right and 1+ on the left. Authorization was requested for L4/5 and L5/S1 disc arthroplasty. The 9/3/15 utilization review non-certified the request for L4/5 and L5/S1 disc arthroplasty as artificial disc replacement was not recommended by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5, L5-S1 disc arthroplasty: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Disc prosthesis.

Decision rationale: The California MTUS guidelines do not recommend artificial disc replacement and state this should be regarded as experimental at this time. The Official Disability Guidelines state that artificial disc replacement is not recommended. Studies have failed to demonstrate superiority of disc replacement over lumbar fusion, which is also not a recommended treatment in ODG for degenerative disc disease. Furthermore, longevity of this procedure is unknown, especially in younger patients and the consequences of failure of an implant in close proximity to caudal equina and vital organs (e.g., aorta, vena cava and iliac arteries) are of concern. Indications for use include primary back pain and/or leg pain in the absence of nerve root compression with single level disease. Guideline criteria have not been met. This injured worker presents with low back pain radiating into the bilateral lower extremities with numbness and tingling. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Clinical exam findings suggest nerve root compression. There is no official MRI report or electrodiagnostic study to evidence the presence or absence of nerve root compression. Records indicate that there is imaging evidence at least 2-level disc disease and stenosis. There is no compelling rationale to support the medical necessity of 2-level disc arthroplasty in the absence of guideline support or as an exception to guidelines. Therefore, this request is not medically necessary.