MAXIMUS Federal Services

Case Number:	CM15-0023182		
Date Assigned:	02/12/2015	Date of Injury:	10/12/1992
Decision Date:	05/06/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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: 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:

The injured worker is a 60-year-old male who reported an injury on 10/12/1992. The mechanism of injury was not stated. The current diagnoses include lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, lumbago, lumbar sprain/strain, opioid dependence, and chronic pain. The injured worker presented on 01/07/2015 for a follow-up visit with complaints of persistent lower back pain. The injured worker reported being bedridden with pain between Thanksgiving and Christmas. The injured worker reported ongoing pain management with oxycodone 30 mg and OxyContin sustained release 40 mg. In addition, the injured worker was utilizing Aleve 200 mg on a daily basis. Upon examination, there was an antalgic gait with a flexed posture, positive straight leg raise and sciatic tension testing on the left, absent left patellar reflex, diminished left Achilles reflex, and diminished pinprick sensation on the right in the L3-S1 dermatomes. Recommendations at that time included an L5-S1 artificial disc replacement/total disc arthroplasty. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 artificial dis replacement.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Work Loss Data Institute, LLC; Corpus Christi, TX: Section Low Back-Lumbar & Thoracic (Acute & Chronic) Updated 11/21/2014, ODG 13th edition (web 2015) Treatment section for the low back.

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 for the lumbar spine. 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 regarding patient outcomes. Studies have failed to demonstrate superiority of disc arthroplasty over a lumbar fusion. In addition, there were no official imaging studies provided for this review. There is no mention of a recent attempt at any conservative management to include active rehabilitation. Given the above, the request is not medically appropriate at this time.

Total disc arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Work Loss Data Institute, LLC; Corpus Christi, TX: Section Low Back-Lumbar & Thoracic (Acute & Chronic) Updated 11/21/2014, ODG 13th edition (web 2015) Treatment section for the low back.

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 for the lumbar spine. 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 regarding patient outcomes. Studies have failed to demonstrate superiority of disc arthroplasty over a lumbar fusion. In addition, there were no official imaging studies provided for this review. There is no mention of a recent attempt at any conservative management to include active rehabilitation. Given the above, the request is not medically appropriate at this time.

1-2 days In-patient stay: 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): Work Loss Data Institute, LLC; Corpus Christi, TX: Section Low Back-Lumbar & Thoracic (Acute & Chronic) Updated 11/21/2014, ODG 13th edition (web 2015) Treatment section for the low back.

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: Vascular assistant surgeon: 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): Work Loss Data Institute, LLC; Corpus Christi, TX: Section Low Back-Lumbar & Thoracic (Acute & Chronic) Updated 11/21/2014, ODG 13th edition (web 2015) Treatment section for the low back.

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 History and Physical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Work Loss Data Institute, LLC; Corpus Christi, TX: Section Low Back-Lumbar & Thoracic (Acute & Chronic) Updated 11/21/2014.

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.