MAXIMUS Federal Services

Case Number:	CM15-0217922		
Date Assigned:	11/09/2015	Date of Injury:	09/30/2010
Decision Date:	12/29/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	11/05/2015

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 is a(n) 34 year old male, who sustained an industrial injury on 9-30-10. The injured worker was diagnosed as having lumbar spine; 2mm broad-based disc bulge asymmetric to the right paracentral region, with an associated annular fissure, L4-L5; disc bulge 3mm, slightly asymmetric ti the right paracentral-foraminal region, L5-S1. Subjective findings (3-11-15, 4-15-15, 5-11-15 and 6-3-15) indicated constant low back pain with stiffness, tightness and spasms. The injured worker reported that the pain sometimes radiates down his legs. Objective findings (3-11-15, 4-15-15, 5-11-15 and 6-3-15) revealed lumbar flexion was 50 degrees, extension was 10 degrees and lateral flexion was 0-20 degrees bilaterally. The straight leg raise test was negative. As of the PR2 dated 9-18-15, the injured worker reports worsening lumbar spine pain that is rated 6-7 out of 10 with radiation of pain and paresthesia that extends into his left leg. Objective findings include lumbar flexion is 45 degrees, extension is 10 degrees, right lateral flexion is 20 degrees and left lateral extension is 15 degrees. There is also a positive straight leg raise test on the left at 70 degrees and tenderness and spasm in the lumbar paraspinal musculature bilaterally. Treatment to date has included acupuncture in 2011, a lumbar MRI on 6-29-15 showing a 2mm broad-bases disc bulge at L4-L5 and a 3mm disc bulge at L5-S1, Norco and Nalfon. The Utilization Review dated 10-7-15, non-certified the request for a total disc arthroplasty with prodisc-L at the L4-5 level with anterior lumbar decompression and stabilization at L5-S1, an assistant surgeon, an inpatient hospital stay 3-4 days, pre-operative clearance and a TLSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total disc arthroplasty with prodisc-L at the L4-5 level with anterior lumbar decompression and stabilization at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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, 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. In this case, the request for a hybrid arthroplasty fusion at L4/5 and L5/S1 is not supported by the ODG. Therefore, the request is not medically necessary.

Associated Surgical Services; Assistant surgeon: 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.

Associated Surgical Services; Inpatient hospital stay 3-4 days: 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 operative clearance: 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.

TLSO brace: 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.

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, Back brace, Postoperative fusion.

Decision rationale: According to ODG, Back Brace, Postoperative (fusion), under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician. There is conflicting evidence, so case-by-case recommendations are necessary (few studies though lack of harm and standard of care). There is no scientific information on the benefit of bracing for improving fusion rates or clinical outcomes following instrumented lumbar fusion for degenerative disease. Although there is a lack of data on outcomes, there may be a tradition in spine surgery of using a brace post-fusion, but this tradition may be based on logic that antedated internal fixation, which now makes the use of a brace questionable. For long bone fractures, prolonged immobilization may result in debilitation and stiffness; if the same principles apply to uncomplicated spinal fusion with instrumentation, it may be that the immobilization is actually harmful. Mobilization after instrumented fusion is logically better for health of adjacent segments, and routine use of back braces is harmful to this principle. There may be special circumstances (multilevel cervical fusion, thoracolumbar unstable fusion, non-instrumented fusion, mid-lumbar fractures, etc.) in which some external immobilization might be desirable. In this case, there is lack of evidence from the note of 9/18/15 to support lumbar TLSO. Therefore, the request is not medically necessary.