

Case Number:	CM15-0048301		
Date Assigned:	03/20/2015	Date of Injury:	05/19/2013
Decision Date:	05/11/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/13/2015

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 39-year-old male who reported injury on 05/19/2013. His mechanism of injury was lifting equipment on the back of a fire engine. His diagnoses included back pain, lumbar degenerative disc disease, lumbar postlaminectomy syndrome, and recurrent herniation of lumbar disc. His past treatments have included chiropractic treatment, medication, massage therapy, and physical therapy. Diagnostic studies included a lumbar MRI performed on 08/30/2006 that revealed degenerative disc disease of lumbosacral spine with central protrusion at L4-5 and left posterolateral disc herniation at L5-S1. A lumbar MRI performed on 08/17/2013 that revealed surgical changes at L5-S1, grade 1 degenerative L4-5 and L5-S1 spondylolisthesis, L5-S1 posterior/posterolateral disc osteophyte complex that was largest on the left, mild disc desiccation at L4-5 with diffuse annular bulge measuring at least 3 to 4 mm; moderately severe foraminal stenosis at L4-5 and L5-S1, and decreased lordosis. A lumbar CT performed on 02/26/2014 that revealed suspected persistent left paracentral L5-S1 disc protrusion with impingement of the left L5 nerve root origin; persistent mild to moderate acquired central canal stenosis, at L4-5 partly due to slightly degenerative retrolisthesis; mild acquired central canal stenosis at L3-4 and L5-S1; probable mild bilateral L4-5 and L5-S1 neural foraminal stenosis. An MRI of the lumbar spine without contrast performed on 11/24/2014 that revealed L5-S1 left hemilaminotomy and microdiscectomy with stable postoperative changes. L4-5 small protrusion which again contacts the bilateral L5 intrathecal nerve roots. A DEXA bone density performed on 11/24/2014 with results that indicated within normal limits. Surgical history included an epidural steroid injection performed on 10/26/2006, lumbar discectomy at left L5-S1 performed on 01/08/2007, and an L5-S1 selective nerve root block and transforaminal epidural steroid injection on the left performed on 11/26/2013. A left L4 transforaminal epidural steroid injection performed on 05/27/2014. The injured worker had complaint of left leg pain

that is much more of an issue than his back pain. He does have complaints of back pain with lumbar extension. On physical exam, it was noted the left L5 sensory is diminished. There was mild increase noted in degeneration at the L4-5 level. The injured worker was having axial along with radicular left leg pain. His medications included Celebrex, Norco, Prilosec, and ibuprofen. The treatment plan included a request for a single disc replacement at L5-S1 rather than effusion at this level, because his L4-5 level already shows some degeneration with an annular tear. The rationale for the request was to provide better motion of his lumbar spine and eliminate the possibility of recurrent herniation of the L5-S1 level, which can be upwards of 30% with revision discectomy. The Request for Authorization form was signed and dated 02/12/2015 in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Total Disc Arthroplasty with Pro-Disc-L QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: The request for L5-S1 total disc arthroplasty with PRO-DISC-L QTY 1 is not medically necessary. The Official Disability Guidelines state that disc prosthesis is not recommended. 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 concerning its effect on improving patient outcomes. Therefore, the request for L5-S1 Total Disc Arthroplasty with Pro-Disc-L QTY 1 is not medically necessary.

Vascular Co-Surgeon QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Assistant Surgeon QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Inpatient Hospital Stay (DAYS) quantity requested: 3.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines (ODG).

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.