

Case Number:	CM15-0087235		
Date Assigned:	05/11/2015	Date of Injury:	11/20/2012
Decision Date:	06/11/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/06/2015

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: 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:

The injured worker is a 40-year-old male who sustained an industrial injury on 11/20/12. Injury occurred while he was working under the hood of a vehicle and the vehicle was struck from behind. The collision caused him to be thrown approximately 6 to 8 feet where he landed on his right hip and leg. Past medical history was positive for hypertension, upper cervical spine fractures at C1, C2, and C3 in 1992 treated with a halo, and current smoking a half pack per day. The 5/19/14 lumbar spine MRI findings documented disc desiccation and loss of disc height at L4/5. There was a small central disc extrusion with caudal migration, and associated small posterior-superior apophyseal ring avulsion. There was adjacent type 1 endplate-change and mild effacement of the thecal sac and the origin of the right L5 nerve root. All other lumbar levels were reported as normal. The 10/27/14 initial spinal surgeon report cited constant grade 6-9/10 low back pain radiating into the right buttock down to the plantar surface of the foot. There were pins and needles in the right foot. There was some right leg weakness. Conservative treatment had included physical therapy, trigger point injections, facet blocks, and medications. Physical exam documented normal gait, normal heel/toe walk, painful lumbar extension, and limited lumbar flexion. Lower extremity deep tendon reflexes were normal and symmetrical. There was decreased sensation in the right L3 and L4 dermatomes and normal motor strength. There was positive right straight leg raise and nerve tension signs. The diagnosis included painful severe L4/5 degenerative disc disease with central protrusion and stenosis. The treatment plan recommended L4/5 artificial disc replacement surgery instead of arthrodesis. The 3/30/15 spine surgery report cited low back and right leg pain, unchanged from initial exam. Lumbar spine x-rays performed 3/30/15 documented severe L4/5 disc space narrowing with no abnormal motion

in flexion/extension views. The treatment plan recommended L4/5 artificial disc replacement. The 4/27/15 utilization review non-certified the request for L4/5 artificial disc replacement disc arthroplasty, including 1-2 day inpatient stay and vascular surgeon, and pre-operative services based on the absence of guideline support for artificial disc replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery L4-L5 Artificial Disc Replacement, Disc Arthroscopy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Disc prosthesis; Hospital length of stay (LOS); Vascular surgeon.

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 do not recommend artificial disc replacement (ADR). Current US treatment coverage recommendations were listed. Indications for lumbar ADR include primary back 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 down the right leg to the foot with decreased L3 and L4 dermatomal sensation. There is imaging evidence of an L4/5 disc extrusion with mild effacement of the right L5 nerve root. Imaging documented single level lumbar pathology. Given the absence of guideline support and plausible nerve root compression, this request is not medically necessary.

Preoperative History and Physical including labs and electrocardiogram: 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.

1-2 day inpatient stay: 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.

Vascular surgeon assistant: 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.