

Case Number:	CM14-0125218		
Date Assigned:	09/24/2014	Date of Injury:	07/17/2002
Decision Date:	10/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old male sustained an industrial injury on 7/17/02. The mechanism of injury was not documented. Past surgical history was positive for an L3/4 laminectomy and fusion and subsequent L4/5 and L5/S1 decompression surgeries. The 9/25/12 lumbar spine MRI impression documented 2-3 mm L5/S1 disc bulge and moderate facet arthropathy with a suggestion of laminotomy changes. There was moderate to severe foraminal narrowing on the left with encroachment of the left L5 nerve root and mild to moderate foraminal narrowing on the right. Conservative treatment had included medications, home exercise program, physical therapy, right sacroiliac joint injections, L3-L5 medial branch blocks and radiofrequency ablation. The 2/18/14 pelvic CT scan findings documented degenerative disc change at L5/S1 with a vacuum cleft and a small posterior osteophyte. There was no significant abnormality associated with the sacroiliac joints. The 4/15/14 neurosurgeon report cited constant back pain and reviewed the recent CT scan findings. The patient suffered from L5/S1 disc collapse with a vacuum disc phenomenon and associated back pain. He had failed non-surgical treatment and had been suffering with pain for quite a while. Surgical intervention was recommended. The surgeon preferred a total disc arthroplasty to maintain movement but an anterior lumbar interbody fusion was also recommended. The 7/22/04 utilization review modified the request for L5/S1 total disc arthroplasty versus anterior lumbar interbody fusion and approved an L5/S1 anterior lumbar interbody fusion. The total disc arthroplasty was denied as there was no clear indication how this procedure would be more effective than a spinal fusion to address the on-going deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5 S1 Total Dis Arthroplasty TDA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC; Indications for spinal fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 219-220. Decision based on Non-MTUS Citation ODG) Low Back - Lumbar & Thoracic, Disc prosthesis

Decision rationale: The ACOEM Revised Low Back Disorder guidelines state that artificial disc replacement (ADR) is not recommended as a treatment for chronic non-specific lower back pain or any other spinal pain syndrome. The Official Disability Guidelines, updated 8/22/14, do not recommend ADR. Studies have failed to demonstrate superiority of disc replacement over lumbar fusion. 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. Patients exclusions also include spondylolisthesis, stenosis, facet mediated pain, and osteoporosis. Guideline criteria have not been met. There is no compelling reason to support the medical necessity of this procedure in a patient with multilevel spinal pathology. Given the absence of guideline support for this procedure, the request for L5 S1 Total Dis Arthroplasty TDA is not medically necessary and appropriate.

Anterior lumbar interbody fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG - TWC; regarding disc prosthesis

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s):) 209-211. Decision based on Non-MTUS Citation (ODG) Low Back - Lumbar & Thoracic, Fusion (spinal)

Decision rationale: The California MTUS do not provide recommendations for lumbar fusion in degenerative disc disease. The Official Disability Guidelines support the use of spinal fusion for functional spinal unit failure, including one to two level segmental failure with progressive degenerative changes and loss of height or disc loading capability. Revision surgery is supported for failed previous operations if significant functional gains are anticipated. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, demonstrated spinal instability, spine pathology limited to 2 levels, and psychosocial screening. In this case, guideline criteria have not been fully met. There is no evidence of a psychosocial screen. There is no radiographic evidence of segmental instability. The 7/22/14 utilization review modified the original request and approved the request for L5/S1 anterior lumbar interbody fusion. Additional certification for this procedure is not necessary. Therefore, the request for Anterior lumbar interbody fusion is not medically necessary and appropriate.

