

Case Number:	CM14-0168484		
Date Assigned:	10/16/2014	Date of Injury:	06/15/2012
Decision Date:	11/18/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/13/2014

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 claimant is a 36 year old female who sustained a vocational injury on 06/15/12 and diagnosed with lumbago with right lower extremity radiculopathy. The medical records provided for review included the report of an MRI of the lumbar spine dated 06/03/13 that showed at the L4-5 level degenerative disc disease with a broad-based annular disc bulge 1 to 2 millimeters effacing the epidural fat and flattening the anterior margin of the central cerebrospinal fluid space. There was also a 1 to 2 millimeter synovial cyst adjacent to the bilateral L4-5 facet joint. The report of electrodiagnostic studies dated 10/18/13 were consistent with right L5-S1 radiculopathy. The office note dated 09/25/14 described low back pain with right leg pain and numbness that radiated into the right foot also described as numbness. The office note documented that the claimant had not responded to bilateral L4-5 facet injections or a right sacroiliac joint injection. Physical examination of the claimant revealed tenderness in the lumbosacral junction extending into the right PSIS and right sciatic notch. The lumbar flexion was noted to bring the claimant's fingertips to the level of the proximal tibia and extension was noted to be 10 degrees. Bilateral, lateral tilt was 15 degrees with low back pain at each limit. FABER's was noted bilaterally. There was 5/5 strength of the bilateral lower extremities. The claimant had hypesthesia to pinprick and light touch diffusely in the right lower extremity from the thigh to the foot. Reflexes at the knee and the ankle were noted to be within normal limits bilaterally. Straight leg raise on the right and the left as well as Lasgue's on the right and the left did not produce back or leg pain. The current request is for an L4-5 ProDisc L TDR with an assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Prodisc L TDR with assistance from Dr.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Artificial Disc replacement (ARD)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back chapter: Disc prosthesis And Assistant Surgeon.

Decision rationale: California MTUS ACOEM Guidelines do not recommend artificial disc replacement due to the low level of evidence available for its efficacy and considers the procedure experimental at this time. The Official Disability Guidelines support the ACOEM Guidelines and do not recommend the use of disc prosthesis in the lumbar spine.. The Official Disability Guidelines state that, although artificial disc replacement is a strategy for treating degenerative disc disease which has gained substantial attention, it is not possible to draw any positive conclusions concerning its effectiveness in improving patients outcomes based on the current scientific literature available for review. Studies have noted the disc prosthesis failed to demonstrate superiority of disc replacement over lumbar fusion, which is also not a recommended treatment in the Official Disability Guidelines for degenerative disc disease. Therefore, based on the documentation presented for review and in accordance with the California ACOEM Guidelines as well as the Official Disability Guidelines, the request for the L4-5 ProDisc L TDR with an assistant surgeon cannot be considered medically necessary.