

Case Number:	CM14-0096639		
Date Assigned:	07/28/2014	Date of Injury:	08/17/2012
Decision Date:	10/09/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/24/2014

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 Texas. 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 44-year-old female who reported an injury on 08/17/2012 after a trip and fall. The injured worker reportedly sustained an injury to his low back with radiating pain into the bilateral upper extremities. The injured worker's treatment history included multiple epidural steroid injections, physical therapy, anti-inflammatory medications, muscle relaxers, and activity modifications. The injured worker had persistent low back pain. Physical findings included 5/5 motor strength of the bilateral lower extremities with a negative straight leg raising test and tenderness to palpation over the L4-5 level. It was noted that the injured worker had undergone an MRI on 03/01/2013 that documented L4-5 disc desiccation and partial collapse and a disc protrusion at L3-4 with mild disc desiccation. However, an independent report of this imaging study was not provided for review. It was also noted that the injured worker had an abnormal electrodiagnostic study of the bilateral lower extremities indicating chronic bilateral L4 radiculopathy. However, this was also not provided for review. The injured worker's diagnoses included degenerative disc disease at L4-5 with discogenic pain, foraminal stenosis at L4-5 level bilaterally, disc desiccation with partial disc collapse at L4-5, a disc bulge at L4-5 and a disc bulge at L3-4. The injured worker's treatment history included an L4-5 total disc arthroplasty. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Total Disc Arthroplasty with 2-3 Day Inpatient Stay: Upheld

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

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 chapter, Disc prosthesis

Decision rationale: The requested L4-5 Total Disc Arthroplasty with 2-3 Day Inpatient Stay is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this surgical intervention. The Official Disability Guidelines do not recommend the use of disc prosthesis as there is not enough scientific evidence to support the long term outcome and safety of this type of surgical intervention. It is still considered investigational and experimental. Additionally, the clinical documentation did not provide any diagnostic studies to support the procedure. There was no justification provided to extend treatment beyond guideline recommendations. As such, the requested L4-5 Total Disc Arthroplasty with 2-3 Day Inpatient Stay is not medically necessary or appropriate.

Pre-Op 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Post Op PT x 24: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Inpatient Stay 2-3 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

