MAXIMUS Federal Services

Case Number:	CM14-0007140		
Date Assigned:	02/07/2014	Date of Injury:	07/24/2011
Decision Date:	06/01/2015	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/19/2014

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. 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: California, Indiana, Oregon
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 46 year old female who sustained an industrial injury on 07/24/2011. Diagnoses include cervicalgia, central herniation of the L5-S1 disc with displacement of the dural sac. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture treatments, chiropractic sessions, and steroid injections. A physician progress note dated 12/12/2013 documents the injured worker has severe pain in her back radiating down both legs. She rates her pain as a 7 on a scale of 1-10. A note dated 11/20/2013 documents she has severe low back pain which radiates down both legs. She has numbness and tingling in all toes of the right foot and seems to be spreading to the left foot. She rates her pain as 7 out of 10. The straight leg raising test and bowstring sign on the right produces pain in her back radiating down her right leg. Treatment requested is for 1 lumbar disc arthroplasty, anterior approach, with insertion of Pro-Disc-L at L5-S1, unspecified if out-patient or in-patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar disc arthroplasty, anterior approach, with insertion of pro-disc-L at L5-S1 (unspecified if out-patient or in-patient): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

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.

Decision rationale: CA MTUS/ACOEM is silent on the issue of disc arthroplasty. According to the ODG, Low Back, Disc prosthesis, it is not recommended. It states, while artificial disc replacement (ADR) 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. The multiple studies cited in the review have failed to demonstrate superiority of disc replacement over lumbar fusion, which is also not a recommended treatment in ODG for degenerative disc disease. Given that the request is for a procedure that is not recommended, the request is not medically necessary.