

Case Number:	CM14-0217934		
Date Assigned:	01/07/2015	Date of Injury:	09/03/2008
Decision Date:	03/31/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/29/2014

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

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 44 year old male with an industrial injury dated 09/03/2008 which resulted from a fall. His diagnoses include discogenic lumbar condition, ankle inflammation, and depression. Recent diagnostic testing has included x-rays of the lumbar spine (09/30/2014) showing no abnormal findings, and a MRI (11/15/2013) showing severe L5-S1 desiccation with moderate broad based disc bulging. Treatments have included activity restrictions, medications, lumbar epidural steroid injections, and use of a TENS unit. In a progress note dated 10/21/2014, the treating physician reports low back pain and left ankle pain despite treatment. The objective examination revealed a limping gait, decreased range of motion of the lumbar spine, tenderness in the lumbosacral region, and tenderness and decreased range of motion in the left ankle. The treating physician is requesting L5-S1 artificial disc replacement/total disc arthroplasty with associated services which were denied by the utilization review. On 12/03/2014, Utilization Review non-certified a request for L5-S1 artificial disc replacement/total disc arthroplasty, noting the absence of superiority of disc replacement over lumbar fusion. The ODG Guidelines were cited. On 12/03/2014, Utilization Review non-certified a request for inpatient stay 2-3 days, noting the denial of the surgical procedure for which this service was ordered. The ODG Guidelines were cited. On 12/03/2014, Utilization Review non-certified a request for vascular surgeon assistant, noting the denial of the surgical procedure for which this service was ordered. The ODG Guidelines were cited. On 12/03/2014, Utilization Review non-certified a request for pre-op history and physical, noting the denial of the surgical procedure for which this service was ordered. The ODG Guidelines were cited. On 12/29/2014, the injured worker submitted an

application for IMR for review of inpatient stay 2-3 days, vascular surgeon assistant, pre-op history and physical, and L5-S1 artificial disc replacement/total disc arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Artificial Disc Replacement/Total Disc Arthroplasty: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 11/21/14)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Disc prosthesis

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 studies quoted below have failed to demonstrate superiority of disc replacement over lumbar fusion, which is also not a recommended treatment in ODG for degenerative disc disease." In this case there is no evidence of any surgically treatable lesion or instability in the lumbar spine from the MRI from 11/15/13. Therefore the determination is for non-certification.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Hospital length of stay

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Vascular Surgeon Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op History & Physical: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Office visits

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.