

Case Number:	CM15-0039965		
Date Assigned:	03/10/2015	Date of Injury:	06/16/2003
Decision Date:	05/11/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/03/2015

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: Oregon, California
 Certification(s)/Specialty: Neurological 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 41-year-old male who reported injury on 06/18/2005. The mechanism of injury was not provided. The injured worker underwent an MRI of the lumbar spine without contrast on 12/05/2014 which revealed at the level of L4-5, the disc space was narrowed and the disc was desiccated. There was left paracentral focal protrusion and mild degenerative changes. Additionally, it was noted that the disc protrusion was presumably impinging the left L5 nerve root. At L5-S1, there was a small left paracentral disc protrusion with the disc touching and mildly impinging the left S1 nerve root. The documentation of 01/14/2015 revealed the injured worker had been recommended for an artificial disc replacement at L4-5 and an anterior lumbar interbody fusion at L5-S1. The injured worker indicated acupuncture helped control his pain. Additionally, the documentation indicated the injured worker would like to request an additional 14 sessions of acupuncture. The physical examination revealed 4+/5 strength with dorsiflexion, plantarflexion and the extensor hallucis longus on the left side. Sensation was noted to be decreased at the left L4, L5 and right L5 dermatome. Achilles deep tendon reflexes were 1+. The medications included Baclofen, Naproxen and Remeron. The injured worker had an antalgic gait favoring the left lower extremity. The diagnoses included postlaminectomy syndrome of the lumbar region, status post nephrectomy right side, lumbar radiculopathy, chronic pain syndrome, and insomnia. The treatment plan included an authorization for an artificial disc replacement at L4-5 with an anterior lumbar interbody fusion at L5-S1 and a continuation of acupuncture. There was a request for authorization submitted for review dated 01/30/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Artificial Disc Replacement L5-S1 Anterior Interbody Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Disc prosthesis.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. They do not however, address disk replacement. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that Disc prosthesis is not recommended. The clinical documentation submitted for review indicated the injured worker had findings at L5 and S1 to support radiculopathy. However, there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation of electrodiagnostic studies to support that the injured worker had radiculopathy. There was a lack of documentation of flexion and extension studies to support the need for a fusion and exceptional factors. There was a lack of documentation of specific conservative care and duration of conservative care with the exception of acupuncture. Given the above, the request for L4-5 artificial disc replacement L5-S1 anterior interbody fusion is not medically necessary.

Associated Surgical Service: 2 Day In-Patient Stay: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Co-Surgeon Surgical Assistant: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

12 Post-Op Physical Therapy Sessions: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Op LSO Brace: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.