

Case Number:	CM15-0063117		
Date Assigned:	04/08/2015	Date of Injury:	07/18/2013
Decision Date:	06/11/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/02/2015

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: Minnesota, Florida

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 32 year old, male who sustained a work related injury on 7/17/13. The diagnoses have included lumbar radiculopathy, lumbar disc degeneration, herniated lumbar disc and chronic pain. Treatments have included lumbar epidural steroid injections, electrodiagnostic studies, MRIs, medications, physical therapy, acupuncture and chiropractic treatment. In the Comprehensive Initial Orthopaedic Consultation dated 2/25/15, the injured worker complains of lower back pain with radiation to legs. He states 80% of pain is in his back and 20% in his legs. He rates his overall pain a 6/10. The treatment plan is a request for authorization for lumbar spine surgery, specifically L4-5 decompression, partial facetectomy, and discectomy with insertion of a Paradigm device. This was non-certified by UR citing CA MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression with partial facetectomy of L4-5 and discectomy with insertion of a paradigm device: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Disc Prosthesis.

Decision rationale: The MRI scan of October 11, 2014 revealed disc desiccation at L4-5 and L5-S1. There was a focal disc protrusion at L4-5 superimposed on diffuse disc bulge and annular tear indenting the thecal sac. Disc material and facet hypertrophy caused bilateral neural foraminal narrowing that effaced the left and right L4 exiting nerve roots. The disc measurements: Neutral: 5.0 mm; flexion: 5.2 mm; extension: 5.2 mm. At L5-S1 there was diffuse disc protrusion without effacement of the thecal sac. L5 exiting nerve roots were unremarkable. Disc measurements: Neutral: 3.3 mm; flexion: 3.5 mm; extension: 3.5 mm. The requested procedure is decompression with partial facetectomy of L4-5 and discectomy with insertion of a Paradigm device. California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. The documentation indicates 80% of pain in the lower back and 20% in the legs. Furthermore, the guidelines regard artificial disc replacement as experimental for the lumbar spine. ODG guidelines do not recommend a disc prosthesis. The guidelines indicate that it is not possible to draw any positive conclusions concerning the effects of artificial disc replacement on improving patient outcomes. As such, the request for decompression with partial facetectomy at L4-5 and discectomy with insertion of the Paradigm device is not recommended by guidelines and the medical necessity of the request has not been substantiated and is not medically necessary.