MAXIMUS Federal Services

Case Number:	CM15-0076374		
Date Assigned:	04/28/2015	Date of Injury:	12/12/2013
Decision Date:	06/01/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/21/2015

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 23 year old male, who sustained an industrial injury on 12/12/2013. He reported injury from heavy lifting. The injured worker was diagnosed as having lumbar spine disc protrusion. Lumbar magnetic resonance imaging showed disc bulging. Treatment to date has included physical therapy, lumbar facet injection, lumbar epidural steroid injection and medication management. In a progress note dated 3/23/2015, the injured worker complains of low back pain. The treating physician is requesting lumbar arthroplasty at lumbar 4-5 and lumbar 5 to sacral 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroplasty at (lumbar) L4-L5 and L5-S1 (lumbosacral): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Disc prosthesis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Low Back, Topic: Disc prosthesis.

Decision rationale: ODG guidelines do not recommend artificial disc replacement for the lower back. Studies have failed to demonstrate superiority of disc replacement over lumbar fusion. Adjacent segment disease seems to be a natural aging process and despite early intentions, artificial disc replacement has not proven any benefit in altering that progression compared to fusion. As such, the request for arthroplasty at L4-5 and L5-S1 is not supported and the medical necessity of the request has not been substantiated.