

Case Number:	CM13-0038141		
Date Assigned:	12/18/2013	Date of Injury:	01/15/2006
Decision Date:	05/19/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/27/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old who sustained a low back injury in a work related accident on January 15, 2006. The clinical records provided for review included an assessment by Dr. [REDACTED] on August 15, 2013 noting ongoing complaints of low back pain and bilateral lower extremity radicular complaints of weakness and tingling. Physical examination showed normal heel and toe walking with a palpable step off at L5-S1 consistent with the patient's spondylolisthesis. It was noted that sensory, motor and deep tendon reflexes were "intact" and there was mild atrophy about the right calf. Formal imaging for review included the June 15, 2013 MRI report that showed at the L5-S1 level a pars defect with anterolisthesis of L5 on S1 with disc desiccation. On the imaging report at the L4-5 level there was a broad based disc protrusion with mild stenosis and no foraminal encroachment. As a result of failed conservative treatment Dr. [REDACTED] recommended an L5-S1 disc replacement procedure with a subsequent L4-5 decompression

IMR ISSUES, DECISIONS AND RATIONALES

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

A TWO-STAGE FUSION L5-S1 DISC REPLACEMENT: 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 chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Chapter, Disc Prosthesis Section

Decision rationale: The ACOEM Guidelines state that there is an extremely low level of evidence available for artificial disk replacement. This is also supported by Official Disability Guidelines. A disc replacement surgery is not recommended by the ACOEM Guidelines. The request for a two-stage fusion L5-S1 disc replacement is not medically necessary or appropriate

ASSISTANT DOCTOR: 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 procedures are not medically necessary, none of the associated services are medically necessary or appropriate.

HISTORY AND PHYSICAL EXAMINATION: 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 procedures are not medically necessary, none of the associated services are medically necessary or appropriate.

L4-L5 DECOMPRESSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: California ACOEM Guidelines do not support the role of decompression at the L4-5 level. At present, the medical records do not identify any compressive pathology at the L4-5 level. The patient's physical examination fails to demonstrate any degree of a radicular process. The request for L4-L5 decompression is not medically necessary or appropriate

5 DAY STAY AT A HOSPITAL: 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 procedures are not medically necessary, none of the associated services are medically necessary or appropriate.