

Case Number:	CM13-0041395		
Date Assigned:	12/20/2013	Date of Injury:	04/23/2013
Decision Date:	02/13/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 46-year-old individual who sustained an injury to the low back in a work related accident on 04/23/13. Records for review included a 10/02/13 assessment by [REDACTED], for continued low back complaints. The assessment documented that the claimant failed conservative care including recent epidural injectual therapy and physical therapy and continued to have low back and leg pain. Physical examination showed positive straight leg raising bilaterally with equal and symmetric pulses, 5/5 motor strength with diminished sensation to the soles of the feet in a S1 dermatomal distribution. Reviewed was an MRI of the lumbar spine dated 06/10/13 noting L5-S1 stenosis with moderate bilateral foraminal narrowing and a lateralizing disc bulge. Surgical intervention was recommended in the form of a L4-5 disc replacement surgery with need for preoperative clearance, a urine toxicology screen, and postoperative bracing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Hemi-laminotomies L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 112 pg 306.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, disc replacement procedure would not be indicated. Disc replacement procedures to the lumbar spine are not supported by medical evidence to indicate their long term efficacy. As such, the role of operative intervention in this case would not be supported or medically necessary.

Bilateral Foraminotomies L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 112 pg 306.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, disc replacement procedure would not be indicated. Disc replacement procedures to the lumbar spine are not supported by medical evidence to indicate their long term efficacy. As such, the role of operative intervention in this case would not be supported or medically necessary.

Interspinous Prosthetic Device Placement L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure - Disc prosthesis.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, disc replacement procedure would not be indicated. Disc replacement procedures to the lumbar spine are not supported by medical evidence to indicate their long term efficacy. As such, the role of operative intervention in this case would not be supported or medically necessary.

Hospital Stay (x2-3 days): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, hospital stay also would not be indicated as the role of operative intervention has not been established.

Assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 17th edition: assistant surgeon.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS Guidelines are silent. When looking at Milliman Care Guidelines, the role of an assistant surgeon would not be indicated. The need of operative intervention in this case has not been established, thus, negating the need of an assistant surgeon for the process.

medical clearance: CXR, EKG labs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)-- CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127 and Official Disability Guidelines (ODG)-- Official Disabil

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, preoperative medical clearance as well as laboratory assessment, chest x-ray, and EKG would not be indicated. The role of this preoperative medical assessment would not be supported as the role of the operative intervention has not been established.

Urine tox screen (presently and every 4 months): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS: 2009, Chronic Pain.

Decision rationale: Urine toxicology at present and then every four months would not be indicated. California MTUS Guidelines does support the role of periodic urine drug testing if evidence of misuse or malcompliance is noted. The records, however, would not support the role of chronic urine drug screens and the propriety given the claimant's unclear clinical presentation into the future. There is no documentation to support current misuse of medication management and no indication that medication management will continue for several months. This specific request that includes q 4 month testing would no be indicated.

follow up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)-- CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: Based California ACOEM Guidelines, follow up assessments would be warranted. While the need for surgical process has not been established, the claimant is still symptomatic, for which follow up care would be deemed medically necessary.

brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines-- California Medical Treatment Utilization Schedule (.

Decision rationale: California MTUS Guidelines do not support the role of a brace. The role of operative intervention in this case has not been established, thus, negating the need of postoperative bracing.