

Case Number:	CM13-0041692		
Date Assigned:	06/06/2014	Date of Injury:	07/18/2008
Decision Date:	07/14/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/14/2013

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, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 36-year-old female who sustained an injury on 07/18/08. The injured worker was a police officer and was followed for ongoing chronic low back pain radiating to the right lower extremity with associated numbness. Per the clinical records, a different date of injury from September of 2007 was reported. At this time, the injured worker was attempting to hold up a suspect and developed acute onset of low back pain. Prior conservative treatment included extensive amount of physical therapy chiropractic treatment and epidural steroid injections. The injured worker utilized medications with limited response. Radiographs of the lumbar spine from 02/10/12 noted discogenic disease at L4-5. Magnetic resonance imaging (MRI) of the lumbar spine from 08/16/13 noted posterior disc bulging at L4-5 and L5-S1 without evidence of neural compression at L4-5. At L5-S1 there was a right paracentral subarticular disc herniation encroaching the right lateral right subarticular recess with abutment of the traversing right S1 nerve root. Physical examination findings noted limited range of motion in the lumbar spine with tenderness to palpation. Sensation was decreased in anterior right lateral thigh and right lower leg. Straight leg raise was reported as positive to the right. Submitted L5-S1 anterior lumbar interbody fusion and posterolateral fusion with instrumentation and L4-5 total disc arthroplasty with preoperative medical clearance laboratory studies EKG and chest x-ray cold therapy VascuTherm unit were denied by utilization review on 09/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 ANTERIOR LUMBAR INTERBODY FUSION, L5-S1 POSTERIOR FUSION WITH INSTRUMENTATION L4-L5 TOTAL DISC ARTHROPLASTY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Guidelines 2nd Edition, Chapter 12: Low Back (Revised 2007/2008), Disc Replacement.

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: In regards to the request for L4-5 and L5-S1 anterior lumbar interbody fusion with posterolateral fusion and instrumentation as well as artificial disc replacement at L4-5, these procedures are not medically necessary based on clinical documentation submitted for review and American College of Occupational and Environmental Medicine (ACOEM)/ Official Disability Guidelines (ODG). There is limited clinical evidence within the pertinent segment of clinical literature supporting the use of hybrid lumbar fusion and artificial disc replacement procedures for the lumbar spine. There is limited evidence establishing that hybrid fusion artificial disc replacement procedures result in any substantially improved post-operative outcomes as compared to standard two level lumbar fusion. In review of the clinical documentation, there was pertinent pathology at L5-S1 to the right at the subarticular recess. Although the injured worker remained symptomatic, the requested two level procedures would be considered excessive given the MRI findings. The injured worker could have reasonably benefited from decompression only at L5-S1 without the extensive procedures requested. Given the experimental/investigational nature of the requested procedures and lack of any physical and the lack of any objective evidence supporting their use, the request is not medically necessary.

PRE-OP EKG/MEDIAL CLEARANCE INCLUDING LABS CBC, CMP, PT/PTT & UA; POSSIBLE CHEST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Preoperative Testing, General.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, PRE-OPERATIVE ECG, LAB TESTING, AND GENERAL SECTIONS.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

COLD THERAPY VASCUTHERM UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hot/Cold Packs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, HOT/COLD PACKS.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.