

Case Number:	CM13-0053139		
Date Assigned:	12/30/2013	Date of Injury:	02/18/2012
Decision Date:	03/13/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/18/2013

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, has a Fellowship trained in Spine Surgery, and is licensed to practice in Texas, Montana, and Tennessee. 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 27-year-old male who reported an injury on 02/18/2012 after a forklift ran over his foot. It is noted within the documentation that the patient has not received any physical therapy, core strengthening, or epidural steroid injections for the lumbar spine as all treatment has been focused on the left lower extremity injury. The patient's most recent clinical documentation noted that the patient had an increase in low back pain and has received a medial branch block that has provided him relief and improvement in function. Physical findings included tenderness to palpation over the lumbar spine and paravertebral musculature with decreased range of motion secondary to pain with a positive straight leg raising test and decreased patellar tendon reflexes. The patient's diagnoses included lumbar spondylosis with myelopathy, lumbar degenerative disc disease, and lumbar radiculopathy. The patient's treatment plan included continuation of a home exercise program, medications, and an epidural steroid injection at the L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative medical clearance: 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.

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 Testing, General.

Decision rationale: The Official Disability Guidelines (ODG) do not recommend the routine use of preoperative lab testing unless the patient has evidence of diagnoses that would contribute to intraoperative or postoperative complications. The clinical documentation submitted for review does not provide any evidence that the patient is at risk for developing any complications. Additionally, as the surgery is not supported the requested preoperative medical clearance is not medically necessary or appropriate.

One total disc arthroplasty at levels of L5-S1: 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.

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: The American College of Occupational and Environmental Medicine (ACOEM) recommends surgical intervention for the low back when there is clear clinical evidence of a condition that is corroborated by an imaging study and has failed to respond to conservative treatments that would benefit from surgical intervention. The clinical documentation submitted for review does provide evidence that the patient is participating in a home exercise program. However, although it is noted within the documentation that the patient has undergone an lumbar MRI (magnetic resonance imaging), an independent report was not provided for review. Therefore, the need for surgical intervention cannot be established. Additionally, Official Disability Guidelines do not recommend this type of surgery as there is a lack of scientific evidence to support the efficacy and safety of total disc arthroplasty of the lumbar spine. As such, the requested 1 total disc arthroplasty at levels of L5-S1 are not medically necessary or appropriate.

Twelve post-operative physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California Medical Treatment Utilization Schedule does recommend up to 26 visits for the postsurgical treatment of arthroplasty. However, as the surgical intervention is not supported by guideline recommendations, postsurgical management would also not be

supported. As such, the requested 12 postoperative physical therapy visits are not medically necessary or appropriate