

Case Number:	CM13-0064822		
Date Assigned:	01/03/2014	Date of Injury:	02/23/2010
Decision Date:	04/24/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/12/2013

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:

This is a 37-year-old who sustained an injury to the neck and low back on 2/23/10. The records provided for review included an MRI of the lumbar spine dated December 2012 that showed a disc protrusion at L5-S1 and L4-L5 with underlying facet spondylosis at L4-5 and L5-S1. There was no indication of specific compressive pathology. Radiographs of the lumbar spine also from that date demonstrated moderate degenerative changes at L4-5 and L5-S1 but no indication of instability. A report of a lumbar CT scan dated October 2013 showed straightening of the lumbar spine with disc protrusions at L4-5 and L5-S1 with bilateral neural foraminal narrowing. A progress report dated 11/6/13 noted continued complaints of both low back pains with radiating pain to the left lower extremity as well as neck complaints. Physical examination of the cervical spine showed restricted motion at end points limited by pain, positive spasm, and tenderness. There was a left C7 dermatomal sensory loss with a positive Spurling's Test and diminished strength of 4/5 with elbow extension and finger abduction. Lower extremity examination showed tenderness to palpation, positive facet loading, and straight leg rising with pain along the S1 dermatomal distribution. Reviewed at that time was the claimant's prior lumbar imaging, and the recommendation was made for two-level L4-5 and L5-S1 disc replacement surgery with preoperative medical clearance and post-operative physical therapy. An updated cervical MRI scan was also recommended. Recent conservative care in terms of the claimant's cervical spine was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery 2 level total disc arthroplasty at L4-L5 and 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: 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). Treatment in Worker's Comp, 18th Edition, 2013 Updates: Low Back procedure

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at the Official Disability Guidelines, lumbar disc replacement procedures are not recommended, particularly at more than one level. The afore-mentioned two-level surgical process would be a direct contraindication and would, thus, not be medically necessary. Furthermore in this case, it should be noted that the claimant's current clinical presentation does not support compressive pathology at the L4-5 or

Medical Clearance: 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), Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: The proposed 2 level total disc arthroplasty at L4-L5 and L5-S1 cannot be recommended as medically necessary. Therefore, the request for medical clearance would not be indicated.

Physical Therapy Post-Op 2 times a week for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Physician Reviewer based his/her decision on Post-Surgical Treatment Guidelines, Post surgical rehabilitation: Intervertebral disc disorders without myelopathy. The proposed 2 level total disc arthroplasty at L4-L5 and L5-S1 cannot be recommended as medically necessary. Therefore, the request for twelve sessions of physical therapy would not be indicated.

MRI Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165,177-178.

Decision rationale: Based on California ACOEM Guidelines, an MRI of the cervical spine would not be indicated. While the claimant has current cervical complaints, there is no documentation of conservative measures that have been utilized in regard to the claimant's neck symptoms. There is also not documentation of physical findings or indications of radiculopathy that would warrant proceeding with imaging without a trial of conservative treatment the specific request for an acute cervical MRI at this chronic stage in the course of care with lack of documentation of prior conservative treatment to date would not be indicated.