

Case Number:	CM13-0067004		
Date Assigned:	01/03/2014	Date of Injury:	05/10/2011
Decision Date:	03/31/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/17/2013

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 New York. 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 42-year-old male with her date of injury is May 10, 2011. He had L4-5 and L5-S1 decompression performed in January 2013. He continues to have chronic low back pain. He had physical therapy and multiple medications and continues to have pain. At issue is whether artificial disc lumbar surgery and lumbar fusion surgery medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Artificial Disc, L5-S1 Anterior Fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence: Lumbar Fusion as well as Official Disability Guidelines, Low Back Chapter Fusion (spinal).

Decision rationale: Artificial disc surgery in the lumbar spine in combination with lumbar fusion surgery remains experimental at this time. The FDA has not approved artificial disc surgery for use in combination with lumbar fusion. Complications and long-term outcomes remain unclear for this procedure. Lumbar artificial disc surgery combined with fusion surgery

is experimental. Establish criteria for lumbar artificial disc surgery are not met. In addition, the medical records do not indicate that the patient has any evidence of fracture, tumor, or instability the lumbar spine. Therefore guidelines for lumbar fusion are not met.

2 day Inpatient Stay: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence: Lumbar Fusion as well as Official Disability Guidelines, Low Back Chapter Fusion (spinal).

Decision rationale: Since his surgery is not medically necessary, than all other associated items are not needed.

Pre-Operative Labs, Chest X-ray, EKG: 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 Hospital Length of Stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence: Lumbar Fusion as well as Official Disability Guidelines, Low Back Chapter Fusion (spinal).

Decision rationale: Since his surgery is not medically necessary, than all other associated items are not needed.