

Case Number:	CM14-0001594		
Date Assigned:	01/22/2014	Date of Injury:	01/14/2012
Decision Date:	06/11/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/06/2014

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 and is licensed to practice in Mississippi. 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 records presented for review note that this individual sustained an injury in January, 2012. The current diagnosis is noted to be lumbar disc disease without myelopathy. The records note the low back injury, severe low back pain, radiation into the right lower extremity. The pain level is noted to be under 6/10. The injured employee is reported to be obese (BMI 26.7) and there is a noted antalgic gait. The progress of from January 2012 noted the reported mechanism of injury and the ongoing complaints of low back pain. The emergency room evaluation indicated a low back strain was the diagnosis associated with the mechanism of injury. Conservative care (physical therapy/medication) was delivered. Other interventions to include epidural steroid injections have been completed. There is no noted improvement with the epidural steroid injections. Pain, muscle spasm and other findings are reported through May 2013. Imaging studies noted a disc lesion, and in December, 2013 surgical intervention was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

IN-PATIENT STAY FOR 2 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

PRE-OPERATION MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

PRE-OPERATION ELECTROCARDIOGRAM (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

PRE-OPERATION LABS (CBC, CMP, PT, PTT, UA): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

PRE-OPERATION CHEST X-RAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

INTRAOPERATIVE NEUROPHYSIOLOGICAL MONITORING 95920 95925 95926 95861: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

L5-S1 TOTAL DISC ARTHROPLASTY 22857 22857-80 64999 22899 49999-80: 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.

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.

Decision rationale: While noting that this is a possible strategy for degenerative disc disease, the outcomes after several years of such devices is such that these are not clinically indicated or recommended. There is no superiority of disc replacement over fusion procedure. It is noted that the Medicare system will not support such an intervention. Therefore, when noting the date of injury, the treatment to date, and the lack of clinical support in the literature for such a device, there is insufficient clinical data presented to support this intervention.