MAXIMUS Federal Services

Case Number:	CM14-0101677		
Date Assigned:	09/16/2014	Date of Injury:	06/18/2003
Decision Date:	10/16/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/01/2014

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 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 44-year-old male medically retired police officer who sustained an industrial injury on 6/18/03 relative to performing his job activities. Past surgical history was positive for IDET (intradiscal electrothermal anuloplasty) at L4/5 and L5/S1 on 7/26/04. Records indicated that back pain had increased over the last few years and had been treated conservatively. The 6/3/14 lumbar spine magnetic resonance imaging scan impression documented mild levoscoliosis, mild L3/4 left lateral disc bulge with no impingement, and 2 mm central L5/S1 disc protrusion. There was 2 mm retrolisthesis noted at L4/5 with degenerative disc changes with a Schmorl's node beneath the right anterior endplates. There was a 2 to 3 mm posterior disc bulge at L4/5 extending laterally, greater on the left and slightly increased since the 5/21/13 exam. The 6/11/14 treating physician report cited continued low back pain. Physical exam documented moderate tenderness to palpation over the L4/5 and L5/S1 levels and the bilateral sciatic notches. Straight leg raise was negative bilaterally. Heel/toe walk was normal. Right extensor hallucis longus strength was 4/5. Deep tendon reflexes were 2+ and symmetrical. There was decreased sensation in the right medial and lateral leg. Magnetic resonance imaging scan findings were reviewed. The diagnosis was L4/5 and L5/S1 degenerative disc disease and lower back pain. The treatment plan recommended L4/5 and L5/S1 artificial disc replacement surgery with associated services and durable medical equipment. The 6/25/14 utilization review denied the lumbar artificial disc replacement and associated requests as there was limited guideline support and the patient failed to meet guideline indications relative to neurologic deficits, spondylolisthesis at L4/5 with facet arthropathy, and multilevel disc replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY: L4-5, L5-S1 ARTIFICIAL DISC REPLACEMENT: 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 PROCEDURE SUMMARY

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 219-220. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Lumbar & Thoracic, Disc prosthesis

Decision rationale: The American College of Occupational and Environmental Medicine guidelines state that artificial disc replacement (ADR) is not recommended as a treatment for chronic non-specific lower back pain or any other spinal pain syndrome. The Official Disability Guidelines, updated 8/22/14, do not recommend artificial disc replacement. Current treatment coverage recommendations were listed. Indications for lumbar artificial disc replacement include primary back and/or leg pain in the absence of nerve root compression with single level disease. Worker exclusions also include spondylolisthesis, stenosis, facet mediated pain, and osteoporosis. Food and Drug Administration approved indications are listed as failure of 6 months non-operative treatment, skeletally mature worker, single disc only, no infection, no sensitivity to implant materials, and no osteoporosis or spondylosis. Guideline criteria have not been met. The request for a 2-level procedure exceeds guideline recommendations for single disc only. The imaging findings evidence spondylolisthesis at L4/5 with facet arthropathy. Clinical exam findings documented neurologic deficits, consistent with L4 and L5 pathology. Therefore, this request is not medically necessary.

POSTOPERATIVE PHYSICAL THERAPY FOR THE LUMBAR SPINE 12 VISITS (2X/WEEK X 6 WEEKS): 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.

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.

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.

PRE OPERATIVE 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.

LABS: 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.

LUMBAR ICE PACK: 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.

CO 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.

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.

LOS 3 NIGHT STAY: 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.