

Case Number:	CM14-0102689		
Date Assigned:	09/24/2014	Date of Injury:	10/11/2012
Decision Date:	10/28/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/03/2014

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 Spine Surgeon 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 27-year-old male who reported an injury on October 11, 2012. The injured worker reportedly sustained a lower back strain while performing repetitive bending. Current diagnoses include right lumbar radiculopathy, lumbar spine strain, and lumbar disc protrusion at L3-4 and L5-S1. The injured worker was evaluated on August 27, 2014. Previous conservative treatment is noted to include physical therapy, medication management, chiropractic therapy, and epidural steroid injections. Physical examination on that date revealed an antalgic gait, weakness in the right lower extremity, limited lumbar range of motion, tenderness to palpation, and negative straight leg raising. The injured worker also demonstrated patchy decreased sensation in the right lower extremity in the L5 distribution. Treatment recommendations at that time included a total disc replacement at L3-4 with an anterior lumbar interbody fusion at L5-S1. It is noted that the injured worker underwent an EMG/NCV study on February 27, 2013, which indicated normal findings. The injured worker also underwent an MRI of the lumbar spine on February 19, 2014, which indicated 5.4 mm disc protrusion at L3-4 and L5-S1 with moderate left neural foraminal narrowing at L3-4 and right lateral recess at L5-S1 impinging upon the descending nerve root. A Request for Authorization Form was then submitted on September 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total disc replacement L3-4 and anterior lumbar interbody fusion 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, Lumbar Spine

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Disc prosthesis, Fusion (spinal).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1-month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines do not recommend lumbar disc prosthesis. Prior to a spinal fusion, preoperative indications should include an identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon CT scan or x-ray, spine pathology that is limited to 2 levels, and a psychosocial screening. While it is noted that the injured worker has exhausted conservative treatment in the form of medications, physical therapy, chiropractic therapy, and injections, there was no documentation of spinal instability upon flexion and extension view radiographs. There is also no evidence of a psychosocial screening prior to the request for a lumbar fusion. The Official Disability Guidelines do not recommend lumbar disc prosthesis. Based on the clinical information received and the above-mentioned guidelines, the request is not medically appropriate at this time.

Two day hospital 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Psychological clearance for surgical intervention: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Lumbar spine orthosis brace: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Front-wheeled walker: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Commode, 3 in 1: 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: Insert As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Ice Unit:

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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Home health otherwise unspecified: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Postoperative home health registered nurse evaluation, 24 hours post discharge: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Zofran (quantity & dose unknown): 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Duricef (quantity & dose unknown): 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Norco (quantity & dose unknown): 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Sprix nasal spray 15.75 mg 40 units, 5 bottles: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Physical therapy for 8 sessions: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Follow-up appointment in 4-5 days with [REDACTED]: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.