

Case Number:	CM14-0107083		
Date Assigned:	08/01/2014	Date of Injury:	11/21/2013
Decision Date:	08/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/10/2014

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 Pennsylvania. 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 patient is a 34-year-old gentleman injured in work related injury 11/21/13. The report of a clinical assessment on 06/05/14 describes continued complaints of pain in the low back radiating to the right buttock and leg after falling down a flight of stairs. Physical examination findings on that date showed 5/5 motor strength in all extremities with no documentation of motor, sensory or reflexive changes noted. The report documented that the 01/08/14 MRI scan showed disc desiccation at L4-5 with a mild circumferential disc bulge and no evidence of canal or foraminal narrowing. The recommendation was made for an L4-5 isolated disc replacement surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior retroperitoneal approach for L4-5 anti-faical disc replacement: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Based on the ACOEM Guidelines and supported by the Official Disability Guidelines, the request for an artificial disc replacement procedure would not be recommended as medically necessary. First and foremost, there is no documentation that the claimant has

radiculopathy on examination nor imaging demonstrating compressive pathology at the L4-5 level. ACOEM Guidelines do not recommend artificial disc replacement due to the extremely low level of evidence supporting its effectiveness. This recommendation is supported also by the Official Disability Guidelines. Therefore, since the current use of disc replacement procedures is not supported by ACOEM Guidelines, the request is not supported as medically necessary.

Physical therapy, three (3) times weekly for eight (8) weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Pre-operative clearance: Upheld

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

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

Post-operative x-ray: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303.

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