

Case Number:	CM14-0010321		
Date Assigned:	02/21/2014	Date of Injury:	05/28/2013
Decision Date:	09/03/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/27/2014

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 Neurological Surgery, and is licensed to practice in California. 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 indicate that this 38 year-old individual was reportedly injured on May 28, 2013. The mechanism of injury is noted as a pushing type event. The most recent progress note, dated October 21, 2013, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a normal gait pattern, no evidence of gross deformity, tenderness to palpation at the lower lumbar region of the spine, and light touch was intact. A decrease in lumbar spine range of motion is also reported. Diagnostic imaging studies objectified significant, moderately severe degenerative disc disease with a lateral recess stenosis at L5-S1. Previous treatment includes medications, physical therapy. A request had been made for total disc arthroplasty and was not certified in the pre-authorization process on January 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR TOTAL DISC ARTHROPLASTY (TDA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, DEGENERATIVE DISC DISEASE.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: It is noted that the success rate with this total disk arthroplasty is marginal at best. Furthermore, there is no data presented noting instability, infection or fusion. Furthermore, as noted in the ODG such a device is "not recommended." Therefore, based on the clinical information presented for review the medical necessity for this total disc arthroplasty is not present.

FRONT WHEEL WALKER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 99.

Decision rationale: It is noted that the lumbar total disc arthroplasty request is not medical necessary. Therefore, a postoperative wheel Walker is not medically necessary.

COMMODE PURCHASE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 99.

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

COLD THERAPY UNIT X 30 DAY RENTAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 99.

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

PNEUMATIC INTERMITTENT COMPRESSION DEVICE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 99.

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

LSO BRACE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

MEDICAL PRE OP CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: reoperative Evaluation Am Fam Physician. 2000 Jul 15; 62(2):387-396.

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

ASSISTANT SURGEON: Upheld

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

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 updated July, 2014.

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

COVASCULAR SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter.

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 updated July, 2014.

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

3 DAY INPATIENT STAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lumbar chapter updated July, 2014.

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