

Case Number:	CM14-0110990		
Date Assigned:	08/01/2014	Date of Injury:	05/13/2010
Decision Date:	09/09/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/16/2014

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 injured worker is a 45-year-old male who was reportedly injured on May 13, 2010. The mechanism of injury is noted as a lifting-type event. The most recent progress note dated July 23, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a decreased lumbar spine range of motion, some loss of muscle strength, and no other findings. Diagnostic imaging studies reportedly noted lumbar disc disease. Previous treatment includes multiple medications, chiropractic care, physical therapy, and other pain management interventions. A request was made for anterior disc replacement and was found to be medically not necessary in the pre-authorization process on July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Disc replacement L4-L5 and 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 Low Back (updated 05/12/14).

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 August, 2014.

Decision rationale: The Official Disability Guidelines was referenced, and this particular procedure is "not recommended." Furthermore, the original literature indicated this type of intervention was indicated for a single level alone, and there is no data to support a multiple level insertion. Therefore, based on the clinical information presented for review tempered by the parameters noted in the Official Disability Guidelines, this is not medically necessary.

Pre-operative testing: 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 (updated 05/12/14); <http://www.guideline.gov/content.aspx?id=38289>; Danielson D, Bjork K, Card R, Foreman J, Roemer R, Stultz J, Sypura W, Thompson S, Webb B, Preoperative evaluation. Bloomington (MN): Institute for Clinical System Improvement (ICSI); 2012 Jul. 61 p. [36 references].

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: Preoperative Evaluation Am Fam. Physician. 2000 Jul 15; 62(2):387-396.

Decision rationale: The American College of Occupational and Environmental Medicine, California Medical Treatment Utilization Schedule and Official Disability Guidelines do not address pre-operative testing. Also noted is that the underlying request for surgical intervention is not clinically indicated. As such, there is no basis to pursue pre-operative evaluation. Therefore, this request is medically not necessary.