

Case Number:	CM14-0131931		
Date Assigned:	09/22/2014	Date of Injury:	02/28/2012
Decision Date:	10/27/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 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:

37-year-old female claimant with an industrial injury dated 02/28/12. The patient is status post an epidural injection dated 03/05/13 in which was noted as counterproductive. In addition, he is status post a right L5-S1 transforaminal block and recent right L5-S1 interlaminar epidural steroid injection dated 06/12/14. Current medications include Norco, Flexeril, and Celebrex. The patient is taking part in physical therapy sessions. Exam note 07/10/14 states the patient returns with low back pain and right leg pain. The patient has evidence of swelling and tingling surrounding the lateral border of the right foot. Physical exam of the lumbar spine reveals tenderness at the right sciatic notch, a positive right sciatic nerve stretch test at 75' and trace right ankle reflex. The patient has diminished sensation over the right L5-S1 dermatomes. X-rays reveal slight narrowing of the L5-S1 disc space. Treatment includes an anterior L5-S1 discectomy and total disc replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker with front wheels: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Knee & Lg Procedure Summary Last updated 6/5/2014

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Raised toilet seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Grabber: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Anterior L5-S1 disectomy and total disc replacement: Upheld

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

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, Disc arthroplasty

Decision rationale: CA MTUS/ACOEM is silent on the issue of disc arthroplasty. According to the ODG, Low Back, Disc prosthesis, it is not recommended. It states, "While artificial disc replacement (ADR) as a strategy for treating degenerative disc disease has gained substantial attention, it is not possible to draw any positive conclusions concerning its effect on improving patient outcomes. The studies quoted below have failed to demonstrate superiority of disc replacement over lumbar fusion, which is also not a recommended treatment in ODG for degenerative disc disease." In this case there is no evidence of any surgically treatable lesion or instability in the lumbar spine from the exam note on 7/10/14. Therefore the determination is for non-certification.

Three 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-Treatment for Worker's Compensation, Low Back procedure Summary Last updated 7/3/2014 Official Disability Guidelines-Hospital Length of Stay (LOS) Guidelines: Discectomy

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.