

Case Number:	CM14-0037886		
Date Assigned:	06/25/2014	Date of Injury:	08/13/2012
Decision Date:	07/23/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/31/2014

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:

The claimant is a 30-year-old gentleman who injured his back on August 13, 2012 while lifting heavy cases at work. The records provided for review include the report of an October 16, 2013 MRI of the lumbar spine identifying a two to three millimeter posterior disc bulge at the L5-S1 level. The report of a January 30, 2014 electrodiagnostic study of the lower extremity was unremarkable for findings and no radiculopathy was noted. At the last clinical assessment of February 20, 2014, the claimant was noted to have continued low back complaints and no improvement with conservative measures. There were also subjective complaints of radiating bilateral lower extremity pain. Examination demonstrated diminished sensation in a right S1 dermatomal distribution. Based on failed conservative care, arthroplasty at the L5-S1 level was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 arthroplasty surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 306, Chronic Pain Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation ODG, Low back.

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

Guidelines Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Disc prosthesis.

Decision rationale: The California ACOEM Guidelines and supported by the Official Disability Guidelines do not support the request for L5-S1 arthroplasty. The ACOEM Guidelines state that arthroplasty with disc replacement procedure of the lumbar spine remains under study. Therefore, based on the ACOEM Guidelines the proposed surgery is not recommended.

Post-op aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Aquatic therapy, page 22. Recommended as an optional form of exercise therapy, where available, as an alternative to landbased physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains Page(s): 22, Postsurgical Treatment Guidelines.

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

LSO Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, Low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9.

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