

<b>Case Number:</b>	CM14-0038106		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	04/12/2008
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Spine Surgeon and is licensed to practice in Texas. 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 46-year-old male who reported an injury on April 12, 2008. Prior surgeries included a partial laminectomy at L5-S1. Prior treatments included facet injections. The injured worker underwent a CT of the lumbar spine on October 22, 2013, which revealed at the level of L5-S1, there was a moderate annular disc bulge greatest posterolaterally bilaterally. There was moderate right and moderately severe left L5-S1 neural foraminal narrowing. The injured worker underwent an MRI of the lumbar spine on October 25, 2013, which revealed at the level of L5-S1, there was a broad-based central and right posterolateral protrusion with mild posterior displacement of the right S1 nerve root. There was associated marginal osseous ridging and there was mild to moderate right and severe left foraminal stenosis. There were type 1-endplate changes on the left. There was a left facet joint effusion and mild bone marrow reactive change in the left posterior elements. The injured worker had hypermobility at this motion segment. The documentation of January 08, 2014 revealed the injured worker had pain that was unchanged and the quality of the pain was unchanged and was noted to be worsening. The injured worker was noted to have no improvement from anesthetic injection or steroid injection. The physical examination was noted to be deferred. The diagnoses included degenerative disc disease at L5-S1, lumbar osteoarthritis degenerative joint disease (DJD) left, lumbar radiculitis left, lumbar herniated nucleus pulposus right at L5-S1, postlaminectomy syndrome of the lumbar region, retrolisthesis at L5-S1, and chronic pain syndrome. The treatment plan included an L5-S1 disc replacement total disc arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Artificial Disc Replacement Total Disc Arthroscopy 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 Lumbar Spine Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Disc prosthesis.

**Decision rationale:** The ACOEM Practice Guidelines indicate surgical considerations are appropriate for injured workers who have documentation of severe, disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1-month or extreme progression of lower leg symptoms. There should be documentation of clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short- and long-term from surgical repair. The Official Disability Guidelines indicate that disc prosthesis is not recommended. There were electrodiagnostic-testing results. The clinical documentation failed to indicate an objective physical examination. The injured worker had findings upon MRI. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for an artificial disc replacement total disc arthroscopy L5-S1 is not medically necessary.

## **Inpatient Stay (2-3 days): Upheld**

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

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

## **Assistant Surgeon: Upheld**

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

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

## **Chest x-ray: Upheld**

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

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

**Electrocardiogram (EKG):** Upheld

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

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

**Pre-Operative History and Physical Exam:** Upheld

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

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.

**VascuTherm Therapy DVT Including Wrap:** Upheld

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

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

**Decision rationale:** As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not medically necessary.