MAXIMUS Federal Services

| Case Number: | CM14-0043606 | | |
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| Date Assigned: | 07/09/2014 | Date of Injury: | 05/28/2013 |
| Decision Date: | 08/07/2014 | UR Denial Date: | 03/31/2014 |
| Priority: | Standard | Application Received: | 04/10/2014 |

## 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 injured worker is a 55-year-old female who reported an injury on 05/28/2013. The mechanism of injury was a slip and fall. The injured worker underwent an L4-5 discectomy in 2011. Prior conservative care included activity modification, medication, physical therapy, and epidural steroid injections. The documentation of 03/03/2014 revealed the injured worker had developed recurrent back and contralateral right leg symptoms. The injured worker had an epidural steroid injection at L4-5 which resolved her symptoms but the injured worker had some residual low back pain and right leg pain. The physician documented the injured worker underwent a lumbar MRI on 07/02/2013 which revealed L4-5 retrolisthesis. There was severe L4-5 desiccation and moderate to severe disc space narrowing with paracentral protrusion. There was slight L3-4 disc bulge and slight desiccation at L3-4, as well. There was a right paracentral protrusion which was noted opposite the site of her prior surgery. There was a moderate thecal sac compression and resultant moderate central stenosis because of a smaller dural tube. There was foraminal narrowing bilaterally, as well as mild to moderate facet arthropathy. The diagnoses included recurrent L4-5 disc herniation contralateral right side, painful L4-5 degenerative disc disease, and status post contralateral left L4-5 discectomy. Additional diagnoses included diabetes and hypertension. The treatment plan included an L4-5 artificial disc replacement and total disc arthroplasty. Additionally, the request was made for a preoperative AP and lateral x-ray, as well as flexion/extension lateral view prior to surgery.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 Artificial disc placement/ Total disc arthroplasty:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Disc Prosthesis.

**Decision rationale:** The ACOEM guidelines indicate that a referral for surgical consultation may be appropriate for injured workers who have severe and disabling left 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 pain for more than 1 month or extreme progression of the lower leg symptoms. There should be 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, as well as a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review failed to provide documentation of myotomal or dermatomal findings. The MRI was not presented for review. There was no electrophysiologic evidence of a lesion submitted for review. Additionally, the ACOEM Guidelines do not specifically address disc prosthesis. The Official Disability Guidelines indicate that disc prostheses are not recommended. Given the above, the request for L4-5 artificial disc placement/total disc arthroplasty is not medically necessary.

**X-ray of the LS spine with AP/ with lateral and lateral flexion/extension:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304 and Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back ChapterArticle: "Segmental Lumbar Spine Instability at Flexion-Extension Radiography", Clinical Radiology, Volume 57, Issue 7, Pages 632-639.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The ACOEM guidelines indicate that x-rays may be appropriate when the physician believes it would aid in the injured worker's management. The request was made for a preoperative AP and lateral x-ray, as well as flexion/extension lateral view prior to surgery. However, there was no documented rationale for the request and the surgical procedure was not supported. As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

**Assistant Surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

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

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

**Vascutherm therapy DVT including wrap:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter (updated 2/15/12).

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

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

**2-3 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.

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

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

**Pre-op clearance labs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Task Force on Preanesthesia Evaluation.

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

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

**Pre-op clearance EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Society of Anesthesiologists Task Force on Preanesthesia Evaluation.

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

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