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| Case Number: | CM14-0065218 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 06/15/2012 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 05/07/2014 |
| Priority: | Standard | Application Received: | 05/08/2014 |

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 36-year-old female who sustained a vocational injury on June 15, 2012, while working as a picker. The claimant's current working diagnosis is lumbago with right lower extremity radiculopathy. On August 6, 2014, the claimant was seen in the office for ongoing problems with chronic lower back pain with radiation to the right lower extremity to the plantar aspect of the right foot. Pain management and psychological counseling for the pain were previously recommended. The documentation notes that the claimant did not respond to the bilateral L4-5 facet injections or the right sacroiliac joint injection with pain relief. On exam, she had tenderness in the lumbosacral junction extending into the right psoas. The right sciatic notch was mildly tender, and the left sciatic was non-tender. Lumbar flexion brings finger tips to the level of the knees and extension to 10 degrees, right and left lateral tilt 15 degrees with low back pain at each limit, more so with extension. The patient had an equivocal Faber on the right, negative on the left. 5/5 motor strength was noted in the bilateral lower extremities with intact sensation to light touch and pinprick. Reflexes were 2+ bilaterally at both knees and ankles. Straight leg raise and Lesage's on the right and the left did not produce back or leg pain. Documentation indicates that conservative treatment to date includes twelve chiropractic treatments, twelve formal physical therapy sessions, TENS unit, lumbar epidural steroid injection at L4-5, narcotics, and bilateral L4-5 facet injections and a right sacroiliac joint injection. The current requests are for: an L4-5 ProDisc-L with a two- to three-day hospital stay; an assistant surgeon; a wheelchair CTU; a raised toilet seat; a pre-op anterior approach with consult; and pre-op psych evaluation and clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 PRODISC -L with 2-3 day hospital stay: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back chapter: Disc prosthesis.

Decision rationale: Based on the California MTUS/ACOEM guidelines and supported by the Official Disability Guidelines, the request for an L4-5 ProDisc-L with a two- to-three-day hospital stay is not recommended. Currently, limited literature exists to support artificial disc replacement, and the procedure is regarded as experimental in nature. Therefore, the current request for an L4-5 ProDisc-L with a two- to three-day hospital stay is not medically necessary.

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 Orthopedic Surgeons.

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- Surgical Assistant.

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

Wheel Chair CTU: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg chapter - Wheelchair.

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

Raised Toilet seat: 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 base their decision on the MTUS.

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee and Leg chapter - Durable medical equipment (DME).

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

Pre-op Anterior approach with consult: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

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

Pre op psych evaluation and clearance: 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 base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

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