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| Case Number: | CM14-0085591 | | |
| Date Assigned: | 08/08/2014 | Date of Injury: | 08/15/2011 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 05/30/2014 |
| Priority: | Standard | Application Received: | 06/09/2014 |

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 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 45 year old male who had a work-related injury on 08/15/11. This occurred while he was jack-hammering. The injured worker has been treated with TENS unit, epidural steroid injection, hot and cold therapy, bracing, and physical therapy. He continued to complain of low back and right leg symptoms. The most recent document submitted for review is dated 05/15/14, the injured worker was in for follow-up of low back and persistent right leg pain and lower right thigh numbness. Physical examination revealed tenderness along the lumbar paraspinal muscles bilaterally, decreased range of motion of the lumbar spine. Straight leg raise positive on the right at 60 degrees and negative on the left. Muscle strength is 5/5 in bilateral lower extremities. Reflexes are 2+ in lower extremities. Sensation is intact to light touch and pinprick. MRI of the lumbar spine dated 03/12/14 revealed at L4-5 and L5-S1 disc bulge is measuring 1.5mm and no central canal stenosis and mild bilateral foraminal narrowing at L5-S1. Lumbar spine CT dated 03/12/14, mild disc bulging measuring 1.5mm at L4-5 and 5-1 and L5-S1 bilateral pars defects, minimal anteriorlisthesis L5-S1 measuring less than 3mm. Diagnoses include spondylolisthesis L5-S1, lumbar spondylosis without myelopathy, and degenerative disc disease at L4-5 and L5-S1. Prior utilization review on 05/28/14 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Artificial disc replacement at L4-L5 and L5-S1 anterior fusion followed by 2 stages at L5-S1 percutaneous segment of fixation: 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, Disc prosthesis.

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, Disc prosthesis.

Decision rationale: The request for artificial disc replacement at L4-L5 and L5-S1 anterior fusion followed by 2 stages at L5-S1 percutaneous segment of fixation is not medically necessary. The current evidence based guidelines do not support the request. Not recommended. 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. Total disc replacements should be considered experimental procedures and should only be used in strict clinical trials. Hybrid procedure is considered experimental/investigational. As such, medical necessity has not been established.

Inpatient 3-4 day hospital 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, Low Back Chapter, Hospital Length of Stay, LOS.

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, Length of stay.

Decision rationale: The request for inpatient 3-4 day hospital stay is predicated on the initial request for surgical request. As this has been found not to be medically necessary, the subsequent request is not 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Surgical assistant.

Decision rationale: The request for assistant surgeon is predicated on the initial request for surgical request. As this has been found not to be medically necessary, the subsequent request is not necessary.

Preoperative EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Preoperative testing.

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, Preoperative electrocardiogram (ECG).

Decision rationale: The request for preoperative EKG is predicated on the initial request for surgical request. As this has been found not to be medically necessary, the subsequent request is not necessary.

Preoperative chest X ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Preoperative testing.

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, Preoperative testing, general.

Decision rationale: The request for preoperative chest X ray EKG is predicated on the initial request for surgical request. As this has been found not to be medically necessary, the subsequent request is not necessary.

Preoperative laboratory test (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Preoperative testing.

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, Preoperative testing, general.

Decision rationale: The request for preoperative laboratory test (unspecified) is predicated on the initial request for surgical request. As this has been found not to be medically necessary, the subsequent request is not necessary.

X ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Indications for imaging.

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, Radiography (x-rays).

Decision rationale: The request for X ray of the lumbar spine is predicated on the initial request for surgical request. As this has been found not to be medically necessary, the subsequent request is not necessary.