

Case Number:	CM14-0193625		
Date Assigned:	12/01/2014	Date of Injury:	08/06/2010
Decision Date:	01/21/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/19/2014

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 56-year-old male who reported an injury on 08/06/2010. The injured worker's diagnoses included status post lumbar laminectomy and microdiscectomy at L5-S1. The mechanism of injury was listed as a lifting injury. Diagnostic studies include an official CT of the lumbar spine completed on 10/01/2014, read by [REDACTED], and documented mild posterior osteophytic ridging from L3 through S1 and extending laterally into the neural foramen, resulting in varying degrees of mild to moderate foraminal narrowing with no significant central canal stenosis. Current medications were not presented within the submitted medical records. The injured worker's surgical history includes a laminectomy on 01/29/2013. Other therapies were noted to include epidural steroid injections, chiropractic therapy, physical therapy, and a home exercise program. A PR-2 report from 10/01/2014 documented that the injured worker's previous epidural steroid injections indicated that there was not much relief, and that the injured worker had continued low back pain that radiated into the bilateral lower extremities. The injured worker also complained of moderate numbness in the right foot, as well as slight to moderate numbness in the left foot. The injured worker had occasional tingling in the right foot, and moderate tingling of the left foot. A physical exam noted the injured worker had positive tenderness along the midline and left paraspinals. The injured worker has limited range of motion in the lumbar spine. It is documented that the injured worker had normal heel and toe walking, with motor strength rated 5/5 in all groups bilaterally in the lower extremities. Sensation to light touch was intact bilaterally, with the exception of the left anterior thigh. Reflexes were listed as bilaterally equal at 2+. The injured worker had a negative straight leg raise test with no loss of range of motion in the hips. The rationale for the surgical procedure was to relieve the injured worker of his radicular symptoms. A Request for Authorization dated 10/13/2014 was provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine surgery consisting of artificial disc replacement at 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 (ODG) Low Back

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 - Lumbar & Thoracic (Acute & Chronic), Disc prosthesis

Decision rationale: The request for lumbar spine surgery consisting of artificial disc replacement at L5-S1 is not medically necessary. The Official Disability Guidelines implicitly do not recommend use of disc prosthesis. While studies show that there is promise with the use of disc prosthesis in the utilization of spine surgeries, there is no indication that it is recommended at this time. With the guidelines implicitly not recommending disc prosthesis in the use of disc replacement, the request at this time is not supported by the guidelines. As such, the request is 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-operative physical therapy 2 x 6: 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: Since the primary procedure is not medically necessary, none of the associated services are 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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

Purchase LSO brace: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Motorized cold therapy unit rental x 2 weeks: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative clearance: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Home nurse dressing change daily x 2 weeks: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Home therapy 3 x 2: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.