

Case Number:	CM14-0195205		
Date Assigned:	12/23/2014	Date of Injury:	02/24/2011
Decision Date:	01/16/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/21/2014

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 New York. 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 44 year old male who suffered a work related injury to his back on 02/24/211 when he was carrying a box weighing 200 pounds. His diagnosis is herniation of the L4-5 and L5-S1 discs. He complains of low back pain which radiates into both legs as well as numbness, tingling, and weakness of both legs per the physician notes from 08/28/14. Per the notes, the MRI demonstrates protrusion of the L5-S1 disc contacting both S1 nerve roots. At L4-5 there is a degenerative disc. The recommended treatments are disc replacement arthroplasty at L4-5 and L5-S1, with associated inpatient stay, assistant surgeon, preoperative history and physical, lab work, and EKG. These treatments were denied by the claims administrator on 11/07/14 and subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Dis Replacement Arthroplasty L4-5, L5-S1, Quantity 2.00:
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), ODG-TWC; ODG Treatment; Integrated Treatment Disability Duration Guidelines, Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG low back pain chapter

Decision rationale: FDA criteria do not include 2 levels of lumbar disc replacement. Lumbar disc replacement is only FDA approved that one level. Two-level lumbar disc replacement surgery is experimental. Long-term outcomes and complications remain unknown. ODG criteria do not support lumbar disc replacement of more than one level. Since 2 levels of lumbar disc replacement of the requested, the procedure is experimental and not medically necessary.

Associated Surgical Service: Inpatient Stay Quantity 5.00: 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), ODG-TWC; ODG Treatment; Integrated Treatment Disability Duration Guidelines, Low Back Chapter

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.

Associated Surgical Service: Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.cms.gov/apps/physician-feeschedule/overview.aspx>

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.

Associated Surgical Services: Pre Operative H & P (history and physical exam), Quantity:1.00: 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.

Associated Surgical Services: Pre-Operative CBC (complete blood count), Quantity: 1:00: 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), ODG-TWC; ODG Treatment; Integrated Treatment Disability Duration Guidelines, Low Back Chapter

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.

Associated Surgical Service: Pre-Operative EKG, Quantity: 1.00: 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), ODG-TWC; ODG Treatment; Integrated Treatment Disability Duration Guidelines, Low Back Chapter

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.