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| Case Number: | CM14-0204087 | | |
| Date Assigned: | 12/16/2014 | Date of Injury: | 12/03/1997 |
| Decision Date: | 02/03/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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 55 year old male who sustained a work related injury while he was bending twisting and lifting as a brick layer and experienced an onset of back pain on 12/3/1997. Treatments included discography, MRI, intrathecal pump implantation and narcotic pain medications. Diagnosis included degeneration of lumbar disk, lumbar stenosis (foraminal), lumbago, and sciatica. Per progress report dated 10/16/2014 the injured worker was noted to have complaints of low back pain, left leg pain and significant left sciatica pain that are throbbing, sharp, burning, and aching. Treatment plans include disc replacement at L4-L5, L5-S1, and Inpatient 3-5 day stay, pre-operative medical treatment, and assistant surgeon. On 11/24/2014 Utilization Review denied noting MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Disc replacement at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Disc Prosthesis

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 back pain chapter, FDA artificial disc criteria.

Decision rationale: FDA criteria for artificial disc replacement indicate that only one level of the lumbar spine should be performed and remaining levels should be normal. This request is for two-level artificial disc replacement lumbar spine. FDA criteria exclude 2 levels for surgical artificial disc. 2 levels of artificial disc replacement remain experimental.

Facility - inpatient 3-5 day 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, Hospital length of stay (LOS)

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 Medical Treatment: 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, Office Visits

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.

Assistant surgeon: 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, Surgical Assistant

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.