

Case Number:	CM14-0212967		
Date Assigned:	02/09/2015	Date of Injury:	07/20/2012
Decision Date:	04/16/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Neurological Surgery

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 50 year old male, who sustained an industrial injury on July 20, 2012. The diagnoses have included lumbar discopathy, L5-S1 disc herniation with intermittent left-sided radiculopathy, bilateral plantar fasciitis, L5-S1 herniated nucleus pulposus and rule out cervical discopathy. Treatment to date has included home exercise program, medication and diagnostic studies. Currently, the injured worker complains of spine and leg pain which he rates a 6 on a 10-point scale. The injured worker rates his neck pain a 5-6 on a 10-point scale. He reports pins and needles sensation in the left upper extremity and right lower extremity. On examination, the injured worker's gait was antalgic and toe and heel walk were compromised on the left. He reports tenderness in the paralumbar musculature and has a positive straight leg raise on the left. The midline lumbar spine from the thoracic spine down has significantly reduced range of motion. There is a paraspinous spasm on the left. The evaluating physician noted the opinion that the injured worker was an ideal candidate for total disc replacement since a completed discectomy could be performed anteriorly, decompression of the foramen could be performed anteriorly and the disc replacement would prevent fusion disease and give the injured worker the best chance to return to work. On December 3, 2014 Utilization Review non-certified a request for the following: L5-S1 Total Disc Replacement and the associated requests for assistance of a vascular surgeon, lumbosacral brace, 3/1 commode, front wheel walker, Sprix nasal spray 15.75 mg, 40 units for post-operative pain, post-operative medication of Zofran 8 mg #10, Duracef 500 mg #14, Norco 10/325 mg #60, eight sessions of post-operative physical therapy, 2-day hospital stay, psychological clearance, post-operative evaluation by an RN, after

twenty-four hours at home, and an ice unit, noting that the guidelines recommend that the procedures be regarded as experimental at this time and that studies have failed to demonstrate the superiority of disc replacement over lumbar fusion which is also not recommended for degenerative disc disease. The associated requests were non-certified because the surgery was non-certified. The California Medical Treatment Utilization Schedule referenced ACOEM and the Official Disability Guidelines were cited. On December 19, 2014, the injured worker submitted an application for IMR for review of L5-S1 Total Disc Replacement and the associated requests for assistance of a vascular surgeon, lumbosacral brace, 3/1 commode, front wheel walker, Sprix nasal spray 15.75 mg, 40 units for post-operative pain, post-operative mediation of Zofran 8 mg #10, Duracef 500 mg #14, Norco 10/325 mg #60, eight sessions of post-operative physical therapy, 2-day hospital stay, psychological clearance, post-operative evaluation by an RN, after twenty-four hours at home, and an ice unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Total Disc Replacement: 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.

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 ODG guidelines do not recommend artificial disc replacement. The provider has opined that this is the best chance for the patient to return to work with the greatest chance of maximum pain reduction. Documentation does not provide peer reviewed evidence to substantiate this opinion. The patient's examination describes him as being exquisitely uncomfortable with significant tenderness in the paraspinal musculature which exam findings suggest something else is going on. The ODG guidelines note that at the current time radiculopathy is an exclusion criteria for the FDA studies on lumbar disc replacement. In the documentation states the patient is having significant leg pain with positive straight leg raising tests, the requested treatment: L5-S1 total disc replacement is not medically necessary and appropriate.

Assistance of a Vascular 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 requested treatment: L5-S1 total disc replacement is not medically necessary and appropriate, then the requested treatment: Assistance of a Vascular Surgeon is not medically necessary and appropriate.

Associate Surgical Service: 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 requested treatment: L5-S1 total disc replacement is not medically necessary and appropriate, then the requested treatment: Associate surgical service: LSO Brace is not medically necessary and appropriate.

Associate Surgical Service: 3/1 Commode: 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 requested treatment: L5-S1 total disc replacement is not medically necessary and appropriate, then the requested treatment: Associate surgical service: 3/1 Commode is not medically necessary and appropriate.

Associate Surgical Service: Front Wheel Walker: 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 requested treatment: L5-S1 total disc replacement is not medically necessary and appropriate, then the requested treatment: Associate surgical service: Front wheel walker is not medically necessary and appropriate.

Sprix Nasal Spray 15.75mg, 40 units (5 bottles) for post- op pain: 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 requested treatment: L5-S1 total disc replacement is not medically necessary and appropriate, then the requested treatment: Associate surgical service: Sprix Nasal Spray 15.75 mg, (5 bottles) for post-op pain is not medically necessary and appropriate.

Post-Op Medication: Zofran 8mg, #10: 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 requested treatment: L5-S1 total disc replacement is not medically necessary and appropriate, then the requested treatment: Post-op medication: Zofran 8mg, #10 is not medically necessary and appropriate.

Post-Op Medication: Duracef 500mg, #14: 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 requested treatment: L5-S1 total disc replacement is not medically necessary and appropriate, then the requested treatment: Post-op Medication: Duracef 500mg, #14 is not medically necessary and appropriate.

Post-Op Medication: Norco 10/325mg, #60: 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 requested treatment: L5-S1 total disc replacement is not medically necessary and appropriate, then the requested treatment: Post-op Medication Norco 10/325 mg, #60 is not medically necessary and appropriate.

Post-Op: Physical Therapy, 2 x 4: 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 requested treatment: L5-S1 total disc replacement is not medically necessary and appropriate, then the requested treatment: Post-op: Physical Therapy, 2x4 is not medically necessary and appropriate.

2 Day Hospital Stay: 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 requested treatment: L5-S1 total disc replacement is not medically necessary and appropriate, then the requested treatment: Post-op: 2 Day hospital stay is not medically necessary and appropriate.

Psychological 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 requested treatment: L5-S1 total disc replacement is not medically necessary and appropriate, then the requested treatment: Post-op: Psychological clearance is not medically necessary and appropriate.

Post-Op evaluation by an RN, after 24 hours, at home: 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 requested treatment: L5-S1 total disc replacement is not medically necessary and appropriate, then the requested treatment: Post-op evaluation by an RN, after 24 hours, at home is not medically necessary and appropriate.

Ice Unit: 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 requested treatment: L5-S1 total disc replacement is not medically necessary and appropriate, then the requested treatment: Ice unit is not medically necessary and appropriate.