

Case Number:	CM14-0216138		
Date Assigned:	01/06/2015	Date of Injury:	02/25/2013
Decision Date:	08/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/24/2014

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:

This is a male worker who was injured when he was using a dolly to move a paint waste drum weighing 400-500 pounds. As he was pulling the dolly, he felt something give way in his back. The date of injury was February 25, 2013. Diagnoses include L4-5 and L5-S1 disc degeneration, L4-S1 disc displacement, L5-S1 stenosis, right leg radiculopathy and chronic intractable pain. On March 12, 2013, an MRI scan of the lumbar spine revealed broad based disc herniation paramedian to the right at L5-S1 of 8mm contouring the right anterolateral aspect of the dural sac and possibly displacing the nerve root at that location posteriorly, 2-3mm annular bulging without neural compression at L4-5 and disc dehydration at L4-5 and L5-S1. On July 2, 2013, an X-ray of the lumbar spine showed mild disc height loss at L4-5 and moderate disc height loss at L5-S1. On November 10, 2014, the injured worker underwent an L3-L4, L4-L5 and L5-S1 discogram and intradiscal injection of antibiotic. On November 18, 2014, he complained of constant low back pain, rated as a 7 on a 1-10 pain scale, with intermittent numbness radiating into the right buttocks and down the right posterior thigh through the calf to the foot and toes, rated a 3/10 on the pain scale. Physical examination revealed palpable tenderness over the lumbar paravertebral muscles bilaterally. There was decreased sensation over the right L5 and S1 dermatome distribution. Range of motion was unremarkable. Lumbar epidural steroid injection and medication were listed as treatments. A request was made for one L4-L5 total disc arthroplasty and L5-S1 anterior and posterior fusion with cage and instrumentation, one pre-operative medical clearance (including history and physical examination, electrocardiogram, chest X-ray, complete blood count, prothrombin time test and partial thromboplastin time test),

one assistant surgeon and one co-vascular surgeon. On December 2, 2014, utilization review denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Total Disc Arthroplasty and L5-S1 Anterior and Posterior Fusion with Cage and Instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion-Disc arthroplasty.

Decision rationale: Per ODG guidelines, disc arthroplasty is not recommended. Documentation does not substantiate the criteria for spinal fusion which include demonstration of segmental instability, presence of mechanical back pain or prior surgery. Documentation does not provide evidence of disc pathology which correlates with symptoms and exam. Thus an L5-S1 anterior and posterior fusion with cage instrumentation would not be medically necessary.

Pre-op Medical Clearance: History and Physical Examination: 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.

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.

Co-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 primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op Medical Clearance: 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.

Pre-op Medical Clearance: 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.

Pre-op Medical Clearance: CBC: 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-op Medical Clearance: Prothrombin Time Test and Partial Thromboplastin Time Test: 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.

