

Case Number:	CM15-0000265		
Date Assigned:	01/09/2015	Date of Injury:	05/13/2010
Decision Date:	03/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/02/2015

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 45 year old male while lifting a 40lb box of meat on 5/13/2010 noted low back pain. He was treated with physical therapy and medications and became addicted to hydrocodone. MRI of the lumbar spine on 09/29/2010 noted a left paracentral disc extrusion at L5S1 displacing the S1 nerve root. An annular tear was noted at L4-5. After psychiatric evaluation he was followed in a pain management clinic. Documentation is not included about attempts to wean him off narcotics. His PR2 note of 09/29/2010 indicated he was comfortable taking narcotics. Followup MRI of the lumbar spine on 05/31/2013 showed a broad based posterior paracentral disc herniation at L5-S1 causing mild narrowing of the central canal measuring 5 mm with associated neuroforaminal narrowing bilaterally. At L4-5 a broad based posterior herniation was seen with a annular fissure. The PR2s of 9/12/2014, 10/13/2014, and 11/12/2014 do not include detailed examination of his lumbar spine or legs. The PR2 of 07/23/2014 notes complaints of burning, pressure and pins and needles in his low back with range of motion of his back judged to be diminished by 25-50%. Muscle strength was recorded at 3/5. The diagnoses have included sciatica, lumbar degenerative disc disease, lumbar radiculopathy, myofascial spasm, depression, insomnia and lumbar herniated disc. Treatment to date has included chiropractic care, heat/ice, physical therapy, injections and exercise. Currently, the injured worker complains of continued low back pain and struggling with activities of daily living. The treatment plan suggests anterior disc replacement of lumbar 4-5 and lumbar 5 to sacrum 1, a chest x ray, urinalysis, complete blood count, electrocardiogram and a 2 day inpatient hospital stay. On 12/18/2014, Utilization Review non-certified anterior disc replacement of lumbar 4-5 and lumbar 5 to sacrum 1, a chest

x ray, urinalysis, complete blood count, electrocardiogram and a 2 day inpatient hospital stay noting the disc prosthesis is not recommended. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/29/2014, the injured worker submitted an application for IMR for review of anterior disc replacement of lumbar 4-5 and lumbar 5 to sacrum 1, a chest x ray, urinalysis, electrocardiogram and a 2 day inpatient hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-Patient 2-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 (ODG), Hospital Length of Stay (LOS)

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

Decision rationale: ODG guidelines do not recommend artificial disc replacement which is accomplished by the anterior route. They note exclusion criteria of radiculopathy for those undergoing artificial placement. Multilevel disc implants have been associated with a high level of complications and an inferior outcome. Documentation does not address the factors of analgesic addiction for this worker. Why this operation was advised over the standard lumbar laminectomy is not apparent since two levels are commended in opposition to guidelines. The ODG guidelines note that the lumbar artificial disc is still not ready for routine clinical use because of long-term risks and benefits of this treatment have not been documented adequately. Since the anterior disc replacement is not recommended, then a 2 day hospital stay is not needed.

Urinalysis: 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), Preoperative Lab Testing

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preoperative Electrocardiogram (ECG), High Risk Surgical Procedures

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preoperative testing

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.

Anterior Disc Replacement L4-L5 & L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Disc Prosthesis, and Safety and Complications

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

Decision rationale: ODG guidelines do not recommend artificial disc replacement which is accomplished by the anterior route. They note exclusion criteria of radiculopathy for those undergoing artificial placement. Multilevel disc implants have been associated with a high level of complications and an inferior outcome. Documentation does not address the factors of analgesic addiction for this worker. Why this operation was advised over the standard lumbar laminectomy is not apparent since two levels are commended in opposition to guidelines. The ODG guidelines note that the lumbar artificial disc is still not ready for routine clinical use because of long-term risks and benefits of this treatment have not been documented adequately. Since the anterior disc replacement is not recommended, then a 2 day hospital stay is not needed.