

Case Number:	CM15-0001729		
Date Assigned:	01/07/2015	Date of Injury:	02/22/1993
Decision Date:	04/09/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/05/2015

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:

The injured worker is a 53 year old, male patient, who sustained an industrial injury on 02/22/1993. A primary treating office visit dated 11/19/2014 reported the patient now prepared for surgical intervention after failed conservative measures including medications, aquatic therapy, and diagnostic testing. He rated his pain as a 6-7 while using narcotics. Objective findings implicated some left L4-5 hypesthesia with trace weakness in the left extensor hallucis longus muscle; otherwise unchanged. Radiographic study obtained 11/07/2014 showed very advanced spondylosis, degenerative disc disease, with narrowing, bone on bone deformity at L3-4, L4-5 and S1. He has generally smallish spondylitic hard bar disc protrusions at all three levels. There is peridiscal Modic degenerative changes at L2-3 and L3-4. The most notable protrusion is a moderate, very broad, paracentral spondylitic hard bar disc protrusion at L4-5. A request was made for pre-op consultation; spine surgery L4-5 total disc replacement; assistant surgeon; durable medical equipment front wheel walker; inpatient hospitalization of 2-3 days; raised toilet seat and a cold therapy unit. On 12/12/2014 Utilization Review non-certified the request, noting the CA MTUS/ ACOEM Chapter 12, Spinal Fusion was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

L-4-5 total disc replacement LEF approach L2-3, L3-4 XLIF: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter.

Decision rationale: The California MTUS guidelines do not recommend spinal fusion except for patients with fracture, dislocation or instability. This patient does not have a fracture, dislocation and no persuasive evidence of instability is in the documentation. Moreover, the ODG guidelines do not recommend an artificial disc replacement. Thus the requested treatment: L4-5 total disc replacement LEF approach L2-3, L3-4 XLIF is not medically necessary and appropriate.

Associates Surgical Services: 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associates Surgical Services: DME 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associates Surgical Services: inpatient stay of 2-3 days: 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associates Surgical Services: DME Raised toilet seat: 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associates Surgical Services: DME; Cold Therapy 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.