

Case Number:	CM15-0002927		
Date Assigned:	01/13/2015	Date of Injury:	12/19/2012
Decision Date:	03/17/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	01/06/2015

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: California
 Certification(s)/Specialty: Orthopedic 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 51 year old female, who sustained an industrial injury on 12/19/2012. She has reported low back pain. The diagnoses have included lumbosacral disc degeneration, lumbar radiculopathy, lumbar facet syndrome, lumbosacral sprain, and chronic pain syndrome. Treatment to date has included medications, physical therapy, acupuncture sessions, and epidural steroid injections. Diagnostic studies have included an MRI of the lumbar spine, dated 11/16/2014, which revealed degenerative disc disease with L4-5 mild to moderate left and L5-S1 and caudal left neural foraminal narrowing and at L5-S1, right paracentral protrusion with annular fissure, slightly contracting the S1 nerve root. A progress note from the treating physician, dated 10/20/2014, documents a follow-up evaluation of the injured worker. The injured worker reported ongoing severe back pain radiating down her right leg below her knee. Objective findings included positive straight leg raising test and bowstring sign. The treatment plan included the recommendation for surgery, an anterior discectomy with disc replacement arthroplasty. On 12/01/2014 Utilization Review non-certified 3-5 Days Inpatient Surgery for Disc Replacement Arthroplasty L5-S1 with Assistant Surgeon, noting the procedure is not medically necessary. The CA ACOEM, Occupational Medical Practice Guidelines: Low Back, Chapter 12 was cited. On 12/30/2014, the injured worker submitted an application for IMR for review of 3-5 Days Inpatient Surgery for Disc Replacement Arthroplasty L5-S1 with Assistant Surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

3-5 Days Inpatient Surgery for Disc Replacement Arthroplasty L5-S1 with Assistant Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lengthof stay, artificial disc

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay. ODG, Low back, Hospital length of stay for artifical disc states that best practice is for a median of 3 days with an average of 2.6 days. As the requested range exceeds the recommendations in the guidelines, the determination is for non-certification.