

Case Number:	CM15-0106284		
Date Assigned:	06/11/2015	Date of Injury:	09/09/2012
Decision Date:	07/13/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/02/2015

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:

The injured worker was a 50 year old female, who sustained an industrial injury, September 9, 2012. The injured worker previously received the following treatments Vicodin, Aleve, Tylenol and Naproxen. The injured worker was diagnosed with postlaminectomy syndrome with persistent axial back and bilateral leg radicular pain and lumbar spine MRI. According to progress note of April 15, 2015, the injured workers chief complaint was low back pain. The injured worker rated the pain at 9 out of 10. The injured worker was having trouble with activities of daily living, such as getting dressed. The primary treating physician was discussing options L5-S1 total disc replacement or anterior lumbar interbody fusion surgery or spinal stimulator implant. The surgeon felt the surgery was a better option due to the continued weakness in the lower extremities. The physical exam noted bilateral L5-S1 hyperesthesia. The injured worker had no clear cut motor deficits or foot-drop. The injured work had an antalgic gait, especially in the toe walk. The treatment plan included an L5-S1 total disc replacement or anterior lumbar interbody fusion, assistant surgeon, 2-3 day inpatient stay and preoperative laboratory studies.

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 or Anterior Lumbar Interbody Fusion: 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), Low Back, Disc prosthesis; Fusion (spinal).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305 -307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter-disc prosthesis.

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The ODG guidelines do not recommend lumbar disc replacement. The requested treatment: L5-S1 Total Disc Replacement or Anterior Lumbar Interbody Fusion is not medically necessary and appropriate.

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.

Associated surgical service: 2-3 day inpatient 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 primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative labs: 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.