MAXIMUS Federal Services

Case Number:	CM15-0139701		
Date Assigned:	07/29/2015	Date of Injury:	05/12/2014
Decision Date:	09/02/2015	UR Denial Date:	07/11/2015
Priority:	Standard	Application Received:	07/20/2015

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 30 year old female who sustained a work related injury May 12, 2014. While pulling a pallet, she noted a sudden onset of abdominal and back pain. She was pregnant at the time and lost her baby. By June 2014, her back pain increased she was given anti-inflammatory medication, epidural injection and underwent physical therapy for several months without benefit. An MRI of the lumbar spine was performed September 14, 2014, and the report present in the medical record. On February 10, 2015, the injured worker underwent a lumbar epidural injection, lumbar epidurography, fluoroscopy with a post-procedural diagnosis of lumbosacral radiculitis. An orthopedic and spinal surgery physician's evaluation, dated June 11, 2015, finds the injured worker with injury to the L5-S1 disc and possibly L4-5 disc. He recommends a high quality MRI scan on a 1.5 Tesla unit magnet and to continue with pain medication. An orthopedic spinal surgery re-evaluation dated June 24, 2015 re-evaluation finds the injured worker with continued back pain, rated 9 out of 10. She can only sit and stand for 20 minutes, walks for only several blocks, drive for short distances, and is unable to sleep well. Examination revealed difficulty walking in her heels and toes. She could forward flex touching her hands only to her knees. There is tenderness at L5-S1 and positive straight leg raise test and bowstring sign for back pain. An MRI demonstrated disc protrusions at L4-5 and L5-S1. Diagnosis is documented as lumbago; thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment plan and at issue, is the request for a lumbar spine disc replacement (ADR) at L4-5 and L5-S1 and three day inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine disc replacement (ADR) at L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Disc Prosthesis. 13th Edition (web) 2015.

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 recommend lumbar surgery if there are severe persistent, debilitating lower extremity complaints, clear clinical and imaging evidence of a specific lesion corresponding to a nerve root or spinal cord level, corroborated by electrophysiological studies which are known to respond to surgical repair both in the near and long term. Documentation does not provide this evidence. The ODG guidelines do not recommend the lumbar disc prosthesis. The requested treatment: Lumbar spine disc replacement (ADR) at L4-5 and L5-S1 is not medically necessary and appropriate.

Associated surgical service: 3 days 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.