

Case Number:	CM15-0214118		
Date Assigned:	11/04/2015	Date of Injury:	08/10/2006
Decision Date:	12/18/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/30/2015

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, Montana, California
 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 39 year old female, who sustained an industrial-work injury on 8-10-06. She reported an initial complaint of lumbar pain. The injured worker was diagnosed as having status post L5-S1 lumbar spine fusion with L5-S1 spondylosis-spondylolisthesis. Treatment to date has included medication, prior surgery, and diagnostics. Currently, the injured worker complains of back pain rated 6 out of 10 and radiculopathy with recent positive discography with concordant pain diffusely as noted on 8-3-15. Medications include Cyclobenzaprine, Voltaren XR, and Fluoxetine HCL. Per the primary physician's progress report (PR-2) on 9-23-15, exam noted visible discomfort with change of position of flexion, extension, and supine, normal neurologic motor exam, negative straight leg raise bilaterally, no hip pathology, normal sensation, no hyperreflexia or pathologic reflexes. Current plan of care includes L3-5 artificial disc replacement. The Request for Authorization requested service to include Lumbar artificial disc replacement L3-5 with vascular exposure and closure, Associated surgical services: Surgery Assistant, Pre-op medical clearance, 2 nights stay, Norco 5/325 #60, Valium 10mg #30, and Post-op physical therapy 24 sessions, lumbar spine. The Utilization Review on 10-1-15 denied the request for Lumbar artificial disc replacement L3-5 with vascular exposure and closure, Associated surgical services: Surgery Assistant, Pre-op medical clearance, 2 nights stay, Norco 5/325 #60, Valium 10mg #30, and Post-op physical therapy 24 sessions, lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar artificial disc replacement L3-5 with vascular exposure and closure: 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-Lumbar & Thoracic (Acute & Chronic): Disc prosthesis.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter-Lumbar disc prosthesis.

Decision rationale: The ODG guidelines do not recommend the lumbar disc prosthesis implantation. The guidelines note that thus far the literature does not furnish evidence the disc prosthesis implantation is superior to lumbar fusion. The California MTUS guidelines recommend lumbar surgery when the patient has had severe persistent, debilitating, lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Lumbar artificial disc replacement L3-5 with vascular exposure and closure is not medically necessary and appropriate.

Associated surgical services: Surgery Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Services (CMS).

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 services: Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, pages 92-93.

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 services: 2 nights 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), Low back, Lumbar & Thoracic (Acute & Chronic): Hospital length of stay length.

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.

Norco 5/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

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.

Valium 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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 services: Post-op physical therapy 24 sessions, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

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.