MAXIMUS Federal Services

Case Number:	CM15-0049642		
Date Assigned:	03/23/2015	Date of Injury:	02/28/2014
Decision Date:	05/11/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/16/2015

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: Texas
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 male who reported an injury on 02/23/2014 due to an unspecified mechanism of injury. On 05/19/2014, he presented for a bilateral lower extremity electrodiagnostic study. He reported minimal relief, functional gain and activities of daily living improvement from completed 1 course of oral steroids. He continued to report constant aching pain down the bilateral aspects of the low back with pain and tingling radiating into the bilateral lower extremities, worse on the right. He also reported a tingling sensation into the right foot. He rated his pain in intensity at a 5/10 to 7/10. The electrodiagnostic study was performed and showed an abnormal study, suggestive of bilateral S1 radiculopathy with chronic changes. It was also noted that he had undergone an MRI of the lumbar spine on 04/17/2014, which showed a large L5-S1 left paracentral disc protrusion with annular tear and MRI findings of acuity posteriorly displacing the transversing left S1 nerve root. On examination, he had decreased reflexes at the bilateral ankles, decreased sensation at the L5-S1 distribution, an antalgic gait and 5/5 muscle strength bilaterally. The treatment plan was for an L5-S1 artificial disc replacement and total disc arthroplasty with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: L5-S1 Artificial Disc Replacement/ Total Disc Arthroplasty: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 638. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Disorder, Discectomy/ Laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The California ACOEM Guidelines indicate that surgery may be considered when there is evidence of severe and debilitating lower leg symptoms in a distribution consistent with abnormalities on imaging studies with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain, clear clinical, imaging and electrophysiologic evidence that has been shown to benefit from surgical repair, and failure of conservative management to resolve the disabling radicular symptoms. The documentation provided does indicate that the injured worker has neurological deficits consistent with MRI and electrodiagnostic study findings. However, the documentation provided failed to show that the injured worker has tried and failed activity therapy options, such as physical therapy, as well as injections, to support the medical necessity of a surgery at this time. Without this information, the requested surgical procedure would not be supported. As such, the request is not medically necessary.

Associated Surgical Services: 1-2 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.

Associated Surgical Services: Vascular 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 Services: Pre-operative history (CBC, CPM, UA, LAB, EKG): 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.