

Case Number:	CM14-0126689		
Date Assigned:	08/13/2014	Date of Injury:	04/26/2007
Decision Date:	09/19/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Orthopedic Spine Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old male who reported injury on 04/26/2007. The mechanism of injury was not provided. The prior treatments included medications and physical therapy. The surgical history included an L5-S1 spinal fusion and a right knee meniscus surgery. The documentation indicated the injured worker underwent an MRI of the lumbar spine and electrodiagnostic studies. The injured worker had an x-ray of the lumbar spine. The documentation of 07/24/2014, revealed the injured worker had a bone density study, which showed a T score of 0.03 in the femoral neck. The injured worker had x-rays of the lumbar spine in AP and lateral views, which showed good alignment of the instrumentation of the L5-S1 and the fusion was well consolidated. There was mild retrolisthesis at L4-5 with decreased disc height. There were no signs of fractures, scoliosis or other significant malalignment. There was no physical examination submitted for review. The diagnoses included end stage degenerative disc disease, junctional breakdown at L4-5, status post L5-S1 spinal fusion. The treatment plan included a disc arthroplasty as the injured worker was noted to have single level disc disease. There was a detailed DWC Form RFA submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Artificial Disc Replacement, L4-5 Spine;; Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Disc prosthesis.

Decision rationale: The Official Disability Guidelines indicate that prosthetic discs are not recommended. The clinical documentation submitted for review failed to provide the official MRI findings. There was no physical examination submitted for review. There was no documentation of exception factors to warrant non-adherence to guideline recommendations. Given the above, the request for artificial disc replacement, L4-5 spine is not medically necessary.

2 day Hospital 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.

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.

Pre- Operative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id>.

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.

Laboratory, Chest X Ray, and EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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.