

Case Number:	CM14-0210815		
Date Assigned:	12/23/2014	Date of Injury:	09/01/2010
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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 44-year-old male who reported an injury on 09/01/2010. The mechanism of injury was not stated. The current diagnoses include L5-S1 disc protrusion, lumbar sprain/strain, and low back syndrome. The injured worker presented on 10/15/2014 with complaints of ongoing lower back pain with radiation into the bilateral lower extremities. Previous conservative treatment is noted to include lumbar epidural steroid injection, physical therapy, and medication management. Upon examination, there was tenderness to palpation of the midthoracic and lower lumbar spine with evidence of 3+ hypertonicity, 40 degree flexion, 10 degree extension, 15 degree right and left lateral flexion, limited range of motion secondary to pain and spasm, positive straight leg raise in the supine position bilaterally, positive Kemp's test bilaterally, 2+ deep tendon reflexes, and diminished motor strength in the bilateral lower extremities. Treatment recommendations at that time included a total disc arthroplasty at the L5-S1 level. It was noted that the injured worker underwent an MRI of the lumbar spine on 04/05/2014, which revealed evidence of a right paracentral annular fissure with a 1 mm bulge of the annulus without evidence of neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total disc arthroplasty at 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 (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Disc prosthesis.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines do not recommend disc prosthesis for the lumbar spine. Therefore, the current request cannot be determined as medically appropriate at this time.

Associated surgical service: pre-op medical clearance: 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: post-op physical therapy; 12 sessions: 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: inpatient hospital stay; 3 days: 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: lumbar spine discogram at L5-S1 with negative control at L3-L4: 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: post-op ct scan: 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.