

Case Number:	CM15-0017551		
Date Assigned:	02/05/2015	Date of Injury:	11/01/2006
Decision Date:	04/14/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/29/2015

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 41 year old male, who sustained an industrial injury on November 1, 2006. He has reported lower back pain and bilateral leg pain. The diagnoses have included lumbago, lumbosacral disc herniation, and lumbar spine disc protrusion. Treatment to date has included back surgery, medications, and transcutaneous electrical nerve stimulation unit. A progress note dated October 29, 2014 indicates a chief complaint of continued lower back pain and leg pain. Physical examination showed decreased sensation and reflexes of the left foot, and pain of the right leg with leg raises. The treating physician is requesting surgery lumbar and lumbosacral disc replacement, assistant surgeon, preoperative clearance with internist and an inpatient stay of three to five days. On January 15, 2015 Utilization Review denied the request citing the MTUS, ACOEM Guidelines, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 and L5-S1 disc replacement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

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 ODG guidelines do not recommend disc replacement. They note that studies have failed to demonstrate superiority of disc replacement over lumbar fusion. Since documentation shows the patient has had prior back surgery, then accepting him for a two level lumbar disc replacement contradicts the guidelines who advise only a single level according to FDA approved indications. The requested treatment L4-5 and L5-S1 disc replacement is not medically necessary and appropriate.

Associated surgical service: 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 service: Preoperative clearance with internist: 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 stay of 3 to 5 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.