

Case Number:	CM15-0112624		
Date Assigned:	06/19/2015	Date of Injury:	10/13/2011
Decision Date:	07/22/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/11/2015

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 53-year-old male, with a reported date of injury of 10/13/2011. The diagnoses include displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, and lumbar spondylosis, with degenerative disc disease at L4-5 and L5-S1 with left-greater-than-right S1 radiculopathy. Treatments to date have included oral pain medications, multiple epidural steroid injections, physical therapy, and advanced lumbar images. The medical report dated 05/21/2015 indicates that the injured worker stated that he was continuing to have his back pain and difficulties with walking. He was ready to proceed with surgical interventions. The treatment plan includes a two-level disc replacement in the lumbar spine. The requesting physician anticipated a two-day hospital stay. No objective findings were documented. The medical report dated 04/30/2015 indicates that the injured worker had low back pain with radiation of pain down the legs and feet and the left heel. The injured worker retired two years ago. The low back pain and bilateral lower extremity pain was worsening with time. The injured worker rated the pain 7 out of 10. The physical examination showed normal alignment of the lumbar spine, non-tender to palpation of the lumbar paraspinal muscles, non-tender to palpation of the sciatic notches and greater trochanters, lumbar flexion at 90 degrees, lumbar extension at 15 degrees, negative straight leg raise test, and left L4 and L5 hypesthesia. The treating physician agreed with reconstructive surgery at L4-5 and L5-S1. The treating physician requested L4-5, L5-S1 artificial disc arthroplasty; intraoperative neurophysiology testing; electromyography (EMG); hospitalization; pre-operative labs; pre-operative EKG; and chest x-ray.

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 Artificial disk arthroplasty: 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), Disc Prosthesis Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The ODG guidelines do not recommend lumbar disc prosthesis at multiple levels. The guidelines note that studies have failed to show superiority of disc replacement over fusion. The Requested Treatment: L4-L5 and L5-S1 Artificial disk arthroplasty is NOT Medically necessary and appropriate.

Decision rationale: The ODG guidelines do not recommend lumbar disc prosthesis at multiple levels. The guidelines note that studies have failed to show superiority of disc replacement over fusion. Therefore, this request for L4-L5 and L5-S1 artificial disk arthroplasty is not medically necessary and appropriate.

Associated surgical service: Intraoperative neurophysiology testing: 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: EMG: 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: Two day hospitalization: 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: Pre-operative labs: 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: Pre-operative 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.

Associated surgical service: Chest X-ray: 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.