

Case Number:	CM15-0112699		
Date Assigned:	06/19/2015	Date of Injury:	12/22/2014
Decision Date:	07/22/2015	UR Denial Date:	05/22/2015
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:

December 22, 2014. The injured worker previously received the following treatments cervical MRI, lumbar spine MRI, lumbar spine x-rays, lumbar spine CT scan. The injured worker was diagnosed with 7-8 mm disc bulge with overlapping 3-4mm retrolisthesis at L5-S1 per MRI, right L5-S1 radiculopathy, right foot drop, thoracic strain secondary to lumbar disc injury. According to progress note of April 9, 2015, the injured worker's chief complaint was lower back pain with radiation of pain into the left lower extremity. The injured worker rated the neck pain at 2 out of 10. The upper and mid back pain was rated at 6 out of 10. The low back symptoms rated 8 out of 10. The lower back symptoms were so severe that the injured worker was only able to drive for a few minutes. The physical exam noted there was bilateral cervical paraspinal spasms. The cervical compression was positive bilaterally. The paraspinal spasms bilaterally with tenderness elicited upon bilateral subscapular palpation. The lumbar spine examination noted severe lumbar paraspinal, quadrates lumborum and gluteal spasms bilaterally. The palpation of both iliac crests and sacroiliac joints elicits pain. The palpation of both sciatic notches elicits radicular symptoms into the corresponding extremity. The muscle testing of the lower extremities was 4 out of 5 with exception of the planter and dorsal flexion, which was decreased to 4 out of 5 on the right and 3 out of 5 on the left. The straight leg raises were grossly positive at 20 degrees on the right and 15 degrees on the left. The progress note of May 14, 2015, the injured worker's complaint was severe low back pain with radiation of pain into the right buttocks and knee causing cramping in the right calf as well as numbness and tingling in both toes. The treating physician was requesting surgical intervention at this time. The injured

worker rated the pain at 7 out of 10. The treatment plan included arthroplasty at L5-S1 with preoperative clearance laboratory studies, chest X-ray, EKG (Electrocardiography), inpatient hospital stay 2-3 days and psychological clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroplasty at LS-S1: 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 Chapter.

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 lumbar disc prosthesis implantation. The guidelines note that studies have not shown superiority of the disc replacement to lumbar fusion. The requested treatment: Arthroplasty at LS-S1 is not medically necessary and appropriate.

Pre-operative clearance: 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: Inpatient hospital stay 2-3 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: Psychological 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.

Pre-operative clearance: 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.

Pre-operative clearance: 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.