

Case Number:	CM15-0122760		
Date Assigned:	07/07/2015	Date of Injury:	06/14/2012
Decision Date:	08/05/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/25/2015

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:

This injured worker is a 45 year old male, who reported an industrial injury on 6/14/2012. The history notes a prior injury on 5/9/2005, and a qualified medical evaluation on 2/6/2008, prior to this industrial injury claim. His diagnoses, and or impression, were noted to include: chronic lumbago; bilateral pars defects without spondylolisthesis; lumbar degenerative disc disease; and lumbar disc protrusion. Recent magnetic imaging studies of the lumbar spine were noted on 4/6/2015, noted abnormal findings; and x-rays of the lumbar spine on 1/22/2015, also noted abnormal findings. His treatments were noted to include an agreed medical evaluation on 10/16/2013, with re-evaluation on 9/3/2014; physical therapy; medication management; and rest from work. The progress notes of 5/27/2015 reported a follow-up visit to discuss possible lumbar back surgery for complaints of chronic, radiating, moderate bilateral low back pain, right > left, made worse by activities and alleviated by rest, swimming and medications. Objective findings were noted to include reports of insomnia; back pain; that he is underweight; and that with the exception of the lumbar spine, the head, neck, rest of the spine, and all 4 extremities are within normal limits and without tenderness. The physician's requests for treatments were noted to include lumbosacral surgery with surgical assistant, hospital stay, and post-operative aquatic and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Total Disc Replacement, Lumbar L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The ODG guidelines do not recommend lumbar disc prosthesis implantation. Therefore, the request for total disc replacement, lumbar L4-L5 is not medically necessary and appropriate.

ALIF (anterior lumbar interbody fusion) Lumbar L5-S1 (sacroiliac): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-7.

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. Therefore, the request for ALIF (anterior lumbar interbody fusion) Lumbar L5-S1 (sacroiliac) is not medically necessary and appropriate.

Associated surgical service: Surgical Assistant: 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.

Post operative Physical Therapy, Lumbar Spine, 2 times wkly for 4 wks, 8 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: Length of Stay (LOS), no duration specified: 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.

Post operative Aquatic Therapy, Lumbar Spine, 2 times wkly for 4 wks, 8 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.