

Case Number:	CM15-0173282		
Date Assigned:	09/24/2015	Date of Injury:	08/01/2013
Decision Date:	11/03/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	09/02/2015

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, Montana

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 36-year-old female, who sustained an industrial injury on 08-01-2013. The injured worker was diagnosed as having left leg radiculopathy, L4-L5 annular tear-mild bulge and mild lateral recess stenosis L4-L5. On medical records dated 07-13-2015 and 05-14-2015, subjective complaints were noted as lower back pain that radiates down the buttocks with numbness rating down the left lower extremity. Pain was rated a 6 out of 10 with medication and 9 out of 10 without medication. Physical findings revealed an antalgic gait pattern. Lumbar spine was noted to have no gross deformity, swelling or atrophy of the paravertebral muscle noted. Tenderness to palpation was noted in the lower lumbar spine and across the left buttocks. A decreased sensation was noted over the left L4, L5, and paresthesia to touch over the left S1 dermatome distributions. Range of motion was noted decreased. The injured worker underwent a lumbar MRI on 10-11-2014 revealed L2-L3 disc bulge, L3-L4 disc bulge, L4-L5 disc bulge, L5- S1 mild right neural foraminal narrowing. Treatment to date included surgical intervention of lumbar discogram and injection on 06-23-2014, physical therapy, chiropractic therapy, acupuncture therapy psychological evaluation and medication. Current medication was listed as Butrans Patch, Norco, and Tylenol with Codeine. The Utilization Review (UR) was dated 08-03-2015. A Request for Authorization was dated 07-13-2015 for L4-L5 Total disc arthroplasty and L5-S1 anterior-posterior fusion with cage and instrumentation with intraoperative spinal cord monitoring, Ultram 200mg, associated surgical services, lumbar LSO purchase, front wheel walker purchase, 3 in 1 commode purchase, cold therapy unit rental, pneumatic intermittent compression device rental and pre-op medical clearance. The UR submitted for this medical

review indicated that the request for L4-L5 Total disc arthroplasty and L5-S1 anterior-posterior fusion with cage and instrumentation with intraoperative spinal cord monitoring, Ultram 200mg, associated surgical services, lumbar LSO purchase, front wheel walker purchase, 3 in 1 commode purchase, cold therapy unit rental, pneumatic intermittent compression device rental and pre-op medical clearance were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 total disc arthroplasty and L5-S1 anterior/posterior fusion with cage and instrumentation with intraoperative spinal cord monitoring: 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 Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter-Disc Prosthesis.

Decision rationale: The California MTUS guidelines do recommend spinal fusion for patients with fracture, dislocation and significant instability none of which the patient has. The California MTUS guidelines recommend lumbar surgery if there are severe persistent, debilitating lower extremity complaints, clear clinical and imaging evidence of a specific lesion corresponding to a nerve root or spinal cord level, corroborated by electrophysiological studies, which is known to respond to surgical repair both in the near and long term. Documentation does not provide this evidence. The MRI scan of the lumbar spine shows only bulging discs without impingement. As for the recommendation for a disc prosthesis, the ODG guidelines do not recommend it. The requested treatment: is not medically necessary and appropriate.

Ultram 200mg #30: 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 LSO purchase: 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: Front wheel walker purchase: 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: 3-in-1 Commode purchase: 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: Cold therapy unit rental: 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: Pneumatic intermittent compression device rental: 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-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.