MAXIMUS Federal Services

Case Number:	CM15-0065640		
Date Assigned:	04/13/2015	Date of Injury:	09/10/2001
Decision Date:	05/13/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/07/2015

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 54 year old male who sustained an industrial injury on 09/10/2001. Diagnoses include status post L4-S1 spinal fusion and L3-4 disc degeneration. Treatment to date has included diagnostic studies, medications, and transforaminal epidural steroid injections L3, attempted transforaminal epidural steroid injections L4. A physician progress note dated 02/18/2015 documents the injured worker has severe back pain with pain radiating down his left leg. It produces burning radicular pain on the top of the left foot and also the medial part of the left thigh. Examination shows grade 3 strength of dorsiflexion of the left foot and ankle compared to the right. There is grade 4 strength of the quadriceps. There is numbness on the inside of the shin consistent with L4 nerve root entrapment which Magnetic Resonance Imaging confirms. Treatment requested is for associated surgical service: assistant surgeon associated surgical service: inpatient hospitals stay (in days) x 5, disc displacement arthroplasty L3-L4, and pre-operative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Disc displacement arthroplasty L3-L4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter-Disc prosthesis.

Decision rationale: The California MTUS guidelines note that surgical consultation is indicated if the patient has persistent, severe and disabling lower extremity symptoms. The documentation shows this patient has been complaining of pain in the back radiating down his left leg. Documentation does not disclose disabling lower extremity symptoms. The guidelines also list the criteria for clear clinical, imaging and electrophysiological evidence consistently indicating a lesion which has been shown to benefit both in the short and long term from surgical repair. Documentation does not show this evidence. The requested treatment is for a lumbar disc arthroplasty. The ODG guidelines do not recommend disc replacement. The requested treatment: Disc displacement arthroplasty L3-L4 is NOT medically necessary and appropriate.

Associated surgical service: Inpatient hospital stay (in days) x 5: 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: 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.

Pre-operative 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.