

Case Number:	CM15-0066810		
Date Assigned:	04/14/2015	Date of Injury:	06/03/2011
Decision Date:	05/18/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/08/2015

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 June 3, 2011. The injured worker was diagnosed as having degeneration of the lumbar intervertebral disc, low back pain, displacement of lumbar intervertebral disc without myelopathy, and lumbar stenosis. Treatment to date has included MRI, physical therapy, and medication. Currently, the injured worker complains of frequent, slight pain in the lower back, constant minimal numbness in the right leg, with the upper and lower lumbar regions painful. The Primary Treating Physician's report dated March 11, 2015, noted the injured worker reported doing physical therapy, which continued to help. Physical examination was noted to show positive tenderness of the right paraspinals at L2-L3 and L4-L5, with lateral bending and extension noted to be painful. The injured worker was noted to report increasing pain with wearing heavy equipment, and was having progressive neurological compromise. The treatment plan was noted to include continued requests for authorization for an artificial disc replacement at L5-S1 and laminectomy decompression, microdiscectomy at L2-L3 and L5-S1, with prescriptions dated march 16, 2015, for a surgical assistant, pre-operative clearance, pre-operative lab work, a LSO brace, a motorized cold therapy rental, a home nurse, home therapy, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Artificial Disc replacement and laminectomy decompression, microdisectomy L2-L3 & L5-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) Treatment in Workers Compensation (TWC) Low Back Procedure Summary Online Version last updated 03/03/15.

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

Decision rationale: The California MTUS guidelines recommend surgical consultation if the patient is having severe persistent disabling lower extremity symptoms. The documentation does not provide evidence of this. The California guidelines also recommend the presence of clear clinical, imaging and electrophysiological evidence of the presence of a lesion known to have positively responded in the short and long term from surgical repair. Documentation does not provide support of such presence. The ODG guidelines do not recommend lumbar disc prosthesis implantation. The requested treatment: Artificial Disc replacement and laminectomy decompression, microdisectomy L2-L3 & L5-S1 is NOT Medically necessary and appropriate.

Associated surgical service: 2-3 days inpatient stay: 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.

Associated surgical service: Home Therapy 2 x 3: 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 2 x 6: 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: 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 Labs & 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.

Pre-op 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.

Associated surgical service: LSO Brace 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: Motorized Cold Therapy rental x 2 weeks: 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: Home nurse dressing changes x 2 weeks: 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.