

Case Number:	CM13-0031154		
Date Assigned:	04/02/2015	Date of Injury:	08/13/1987
Decision Date:	05/04/2015	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/02/2013

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 year old 68 male who sustained an industrial injury to his lower back on August 13, 1987. The injured worker is status post L4-L5 discectomy in 1998 and a lumbar fusion L4-L5 in 2002. Lumbar magnetic resonance imaging (MRI) was performed in March 2013. The injured worker was diagnosed with failed lumbar fusion, lumbar spine radiculopathy and lumbar spine stenosis. Treatment to date has included surgery, epidural steroid injections (ESI), physical therapy, and medications. According to the treating physician's progress report on September 4, 2013, the injured worker continues to experience chronic low back pain with weakness for bilateral knee extension. No atrophy is noted. There is significant numbness and tingling that radiates into both legs in a L4 and L5 distribution and slightly a L3 component. The report notes extensive post-surgical changes at L4-L5 with adjacent severe, segmental disease at L2-L3 and L3-L4. The provider states there is instability. However, the Lumbar spine X-ray report of 5/17/13 states there is no spondylolisthesis and no dynamic instability. The provider states there is central as well as neural foraminal narrowing. The CT scan report of 07/11/13 states there is no definite neural foraminal stenosis at L2-3, L3-4 and L4-5. Current medications are listed as Omeprazole and Celebrex. Treatment plan requested a L2-3 and L3-4 transforaminal lumbar interbody fusion with instrumentation and posterior fusion from L2-L5 and exploration of L4-L5 space with associated pre and post-operative services.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-3 and L3-4 transforaminal lumbar interbody fusion with instrumentation from L2 to L5, posterior fusion from L2 to L5 and exploration of the L4-5 space: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306, 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307.

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 documentation does not explain the patient's complaint of "I am walking stupid" on the visit of 03/20/13 or the underlying physiology. The object of a fusion is to immobilize the segment. No objective evidence is found in the documentation connecting the patient's complaints to his MRI and CT scans of the lumbar spine. The California MTUS guidelines indicate the necessity for the presence of 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 interbody fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. Therefore, the request is not medically necessary and appropriate.

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: Inpatient stay x3 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.

DME purchase: lumbar back brace (post-op): 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: External bone growth stimulator: 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-op physical therapy 3x6: 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.

1 Box Long Island bandages 4x10 (post-op): 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.