

Case Number:	CM15-0006786		
Date Assigned:	01/26/2015	Date of Injury:	07/01/2008
Decision Date:	04/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/13/2015

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 (IW) is a 41 year old female, who sustained an industrial injury on July 1, 2008. She has reported low back pain radiating to the bilateral lower extremities to the feet and was diagnosed with lumbar laminectomy two times, lumbar spondylosis and stenosis and lower back and bilateral leg pain. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, work restrictions and oral medications. Currently, the IW complains of low back pain radiating to bilateral lower extremities and feet. The IW reported an industrial injury in 2008 after feeling pain in the back secondary to pulling a case of water on a shelf. It was noted she had underwent two non-industrial back surgeries with a resolution of pain before the injury. Following the injury, the IW continued to experience pain. She used physical therapy and pain medications. Evaluation revealed the pain was intolerable and she could not work. Further radiographic imaging was recommended. On July 14, 2014, she underwent caudal epidural steroid injection and left lumbar (L)5 selective nerve root block. On November 5, 2014, evaluation revealed continued pain in spite of conservative therapies and 2 lumbar surgeries. The recommendation was for an anterior interbody fusion at L4-5 and L5-sacral (S)1, then a more aggressive posterior foraminotomy if the fusion was unsuccessful. On December 23, 2014, Utilization Review non-certified a request for L4-L5 and L5-S1 anterior lumbar fusion, anterior instrumentation; 2-3 vertebral segments and application of intervertebral biomechanical devices, noting the MTUS, ACOEM Guidelines, (or ODG) was cited.) On January 5, 2015, the injured worker submitted an application for IMR for review of requested L4-L5 and L5-S1 anterior

lumbar fusion, anterior instrumentation; 2-3 vertebral segments and application of intervertebral biomechanical devices.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 anterior lumbar fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.305.

Decision rationale: The California MTUS guidelines indicate a spinal fusion is reasonable for patients with trauma, lumbar fracture or dislocation or instability. This patient has not had a lumbar fracture or dislocation. This patient according to the PR2 of 10/3/14 had no evidence of instability on lumbar spine x-rays. Guidelines also indicate a surgical consultation would be recommended if the worker had clear clinical, electrophysiological and imaging findings which would correlate with a lesion that was known to respond to surgical repair both in the short and long term. The documentation does not provide evidence of such a lesion. Thus the requested treatment L4-5 anterior lumbar fusion is not medically necessary and appropriate.

L5-S1 anterior lumbar fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS guidelines indicate a spinal fusion is reasonable for patients with trauma, lumbar fracture or dislocation or instability. This patient has not had a lumbar fracture or dislocation. This patient according to the PR2 of 10/3/14 had no evidence of instability on lumbar spine x-rays. Guidelines also indicate a surgical consultation would be recommended if the worker had clear clinical, electrophysiological and imaging findings which would correlate with a lesion that was known to respond to surgical repair both in the short and long term. The documentation does not provide evidence of such a lesion. Thus the requested treatment L5-S1 anterior lumbar fusion is not medically necessary and appropriate.

Associated surgical service: anterior instrumentation, 2 to 3 vertebral segments: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment L5-S1 anterior lumbar fusion is not medically necessary and appropriate, then the requested treatment:Associated surgical service: anterior instrumentation, 2 to 3 vertebral segments is not medically necessary and appropriate.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: application of intervertebral biomechanical device: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment L5-S1 anterior lumbar fusion is not medically necessary and appropriate, then the requested treatment:Associated surgical service: application of intervertebral biomechanical device is not medically necessary and appropriate.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: allograft, morselized or placement of osteopromotive matieral, for spine surgery only: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment L5-S1 anterior lumbar fusion is not medically necessary and appropriate, then the requested treatment:Associated surgical service: allograft, morselized or placement of osteopromotive material, for spine surgery only is not medically necessary and appropriate.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: assistant needed: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment L5-S1 anterior lumbar

fusion is not medically necessary and appropriate, then the requested treatment:Associated surgical service:assistant needed is not medically necessary and appropriate.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: inpatient stay (days): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment L5-S1 anterior lumbar fusion is not medically necessary and appropriate, then the requested treatment:Associated surgical service: inpatient stay (days) is not medically necessary and appropriate.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: lumbar corset: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment L5-S1 anterior lumbar fusion is not medically necessary and appropriate, then the requested treatment:Associated surgical service: lumbar corset is not medically necessary and appropriate.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.