

Case Number:	CM15-0007574		
Date Assigned:	01/26/2015	Date of Injury:	07/19/2006
Decision Date:	03/27/2015	UR Denial Date:	01/13/2015
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:

This 54 year old male firefighter fell with a collapsing metal stairway landing on his right knee on 7/19/06. He reported low back pain and right knee pain. On 04/09/07 he underwent right knee arthroscopy which was repeated 11/07/07. His PR2 of 03/09/08 indicated a history of drug abuse and multiple trips to the Emergency room for Vicodin. The PR2 of 07/31/08 noted drug seeking behavior. Between January and February 2009 he was enrolled in a detoxification program but soon relapsed taking Vicodin ES and Soma. His AME of 07/22/2009 noted he still was on the drugs. X-rays taken that day noted no translational instability of the lumbar spine. X-rays showed the joint spaces of his knees were maintained. The diagnoses have included chronic pain, lumbar facet arthropathy and lumbar radiculitis. Treatment to date has included medications and diagnostics. He was also approved for bilateral median branch nerve block however the records are not clear as to whether or not this was done. His PR2 of 08/26/14 indicated he was going to have surgery but then got arrested and had been in prison. The impression was chronic back pain. Currently, the IW complains of severe back and leg pain with associated spasms. The pain is constant and radiates down the right lower extremity and to buttocks, bilateral hips and legs. The pain is aggravated by activity and rated 6/10 with medications and 10/10 without medications. The pain is improved with taking medications. The pain has recently worsened. The physical exam revealed the range of motion of the lumbar spine was limited. Pain was increased with flexion and extension. Facet signs were present in the lumbar spine. The IW was experiencing difficulties in activities of daily living (ADL's) due to pain. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 4/27/08 revealed diffuse

degenerative changes involving the lumbar spine, facet arthropathy with multiple disc bulges. There is multi-level spinal stenosis. The PR2 of 9/4/2014 indicated the patient had been prescribed 24 Norco 10/325 on 8/23/2014 and additional 20 on August 26, 2014, receiving on August 29, 2014 30 of Tramadol 50. He related he had just come out from incarceration and was having severe back and leg pain. The PR2 note of 9/30/2014 indicated he had signed a pain management agreement and denied other addictions. His drug screen on that date was positive for barbiturates and opiates. The PR2 of 10/15/2014 indicated the patient was getting pain medicine from multiple physicians. His MRI of the lumbar spine on 11/03/2014 demonstrated lumbar spondylosis but no spondylolisthesis, multilevel disc bulging with severe stenosis at L4-5 and longstanding degenerative disc disease with facet hypertrophy but no disc herniation. On 1/13/15 Utilization Review non-certified a request for Anterior and posterior fusion at L4-L5 with decompression L3-S1, Instrumentation, quantity 1, Bone Graft and Vascular Consult, noting that it is not clear if the injured worker has undergone the requested medial branch blocks and if they have been performed whether benefit has been obtained. It is also unclear in the documentation if the IW is experiencing symptoms of neurogenic claudication. Regarding the vascular consult, as surgery is denied, this request is denied. The (MTUS) Medical Treatment Utilization Schedule and (ACOEM) Occupational Medicine Practice Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior and posterior fusion at L4-L5 with decompression L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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

Decision rationale: California MTUS guidelines indicate spinal fusion is recommended for trauma with fracture and dislocation. This worker has not had either. The guidelines also indicate fusion can be considered in cases of instability. Documentation does not show evidence of instability. The MTUS guidelines further notes there is not good scientific evidence of long term benefit for surgical decompression or fusion in degenerative lumbar spondylosis. Thus the requested treatment: Anterior and posterior fusion at L4-5 with decompression L3-S1 is not medically necessary and appropriate.

Intrumentation, quantity 1: 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.

Bone Graft: 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.

Vascular Consult: 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.