

Case Number:	CM15-0009504		
Date Assigned:	01/27/2015	Date of Injury:	08/03/2011
Decision Date:	04/06/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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 a 47 year old female on 8/03/2011 misstepped on a ladder from an airplane and fell approximately 3 feet. Her diagnoses have included lumbar disc herniations and history of compression fracture. Treatment to date has included neuroplasty with decompression segmental lumbar spine bilaterally at L3-4, L4-5 and L5-S1 and therapeutic facet block and posterior primary branch innervation block at facet joint L3-4, L4-5 and L5-S1 bilaterally on 3/23/2013. She underwent L1 kyphoplasty on 8/15/2013 and 11/15/2013. She has had epidural steroid injections. EMG (electromyography)/NCV (nerve conduction studies) dated 11/26/2004 revealed radicular findings at S1 bilaterally. Magnetic resonance imaging (MRI) of the lumbar spine dated 9/20/2012 revealed showed evidence of degenerative lumbar disc disease with herniated nucleus pulposus at L4-5 and L5-S1. Currently, the IW complains of persistent low back pain with pain radiating to the right leg. She is unable to exercise due to the pain and is gaining weight; Objective findings included tenderness to palpation of the lumbar spine with muscle spasm noted to the paralumbar musculature. Range of motion is decreased. There is positive straight leg raise at 75 degrees bilaterally with absent ankle reflexes with evidence of hypoesthesia at the anterolateral aspect of foot and ankle at S1 dermatome levels with weakness at big toe dorsiflexor and big toe plantar flexor noted, right greater than left. On 12/17/2014, Utilization Review non-certified a request for posterior lumbar interbody fusion L4-L5-S1 with 3 day inpatient stay, surgical clearance, 3 in 1 commode, front wheel walker, grabber/reacher, and LSO brace Noting that the clinical findings do not support the medical necessity of the treatment. The ACOEM was cited. On 1/15/2015, the injured worker submitted an application for IMR for

review of posterior lumbar interbody fusion L4-L5-S1 with 3 day inpatient stay, surgical clearance, 3 in 1 commode and front wheel walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar interbody fusion and L5-S1 with 3 day LOS: 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): 305, 307.

Decision rationale: The California MTUS guidelines recommend spinal fusion when there is a spinal fracture, dislocation and instability. The request for the interbody fusion is not in the area where the patient suffered the compression fracture. The documentation does not provide evidence of instability in the lower lumbar area. The guidelines also note that surgery may be considered if the patient has clear clinical, imaging and electrophysiologic evidence of a lesion known to respond to surgery in the both the short and long-term. Documentation does not provide this evidence. Thus the requested treatment: Posterior lumbar interbody fusion and L5-S1 with 3 day LOS is not medically necessary and appropriate.

Surgical clearance with internal medicine: 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: Posterior lumbar interbody fusion and L5-S1 with 3 day LOS is not medically necessary and appropriate, then the requested treatment: surgical clearance with internal medicine is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Posterior lumbar interbody fusion and L5-S1 with 3 day LOS is not medically necessary and appropriate, then the requested treatment: surgical clearance with internal medicine is not medically necessary and appropriate.

Associated surgical service: 3 in 1 commode: 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: Posterior lumbar interbody fusion and L5-S1 with 3 day LOS is not medically necessary and appropriate, then the

requested treatment: Associated surgical service: 3 in 1 commode is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Posterior lumbar interbody fusion and L5-S1 with 3 day LOS is not medically necessary and appropriate, then the requested treatment: Associated surgical service: 3 in 1 commode is not medically necessary and appropriate.

Associated surgical service: front wheel walker: 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: Posterior lumbar interbody fusion and L5-S1 with 3 day LOS is not medically necessary and appropriate, then the requested treatment: Associated surgical service: front wheel walker is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Posterior lumbar interbody fusion and L5-S1 with 3 day LOS is not medically necessary and appropriate, then the requested treatment: Associated surgical service: front wheel walker is not medically necessary and appropriate.

Associated surgical service: grabber/reacher: 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: Posterior lumbar interbody fusion and L5-S1 with 3 day LOS is not medically necessary and appropriate, then the requested treatment: Associated surgical service: grabber/reacher is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Posterior lumbar interbody fusion and L5-S1 with 3 day LOS is not medically necessary and appropriate, then the requested treatment: Associated surgical service: grabber/reacher is not medically necessary and appropriate.

Associated surgical service: LSO brace: 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: Posterior lumbar interbody fusion and L5-S1 with 3 day LOS is not medically necessary and appropriate, then the

requested treatment: Associated surgical service: LSO brace is not medically necessary and appropriate.

Decision rationale: Since the requested treatment: Posterior lumbar interbody fusion and L5-S1 with 3 day LOS is not medically necessary and appropriate, then the requested treatment: Associated surgical service: LSO brace is not medically necessary and appropriate.