

Case Number:	CM15-0101890		
Date Assigned:	06/04/2015	Date of Injury:	02/21/2013
Decision Date:	07/10/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/27/2015

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 52 year old female who sustained an industrial injury on 02/21/2013. Mechanism of injury was a trip and fall, and had cumulative trauma involving the right shoulder neck and lower back. Diagnoses include displacement of intervertebral disc, chronic neck pain, cervical radiculopathy, and right chronic shoulder pain. Treatment to date has included diagnostic studies, medications, and epidural steroid injections, chiropractic sessions, physical therapy, a home exercise program, chiropractic sessions, heat and ice. A Magnetic Resonance Imaging of the lumbar spine done on 10/06/2014 showed right focal disc bulge at L5-S1 with extends 7mm inferiorly along the posterior margin of the S1 vertebral body, and small posterior annular tears at the L3-L4 and L4-L5 discs. A cervical Magnetic Resonance Imaging done on 03/03/2015 revealed mild disc osteophyte bulging at C4-5, C5-6 and C6-7, moderated narrowing of the right C4-5 neural foramen due to uncovertebral hypertrophy, small perineural cysts within the neural foramina at C5-6 and C6-7, and a small epidural cyst adjacent to the right C6-7 facet joint and the posterolateral epidural space, without significant canal stenosis or mass effect on the cord. A physician progress note dated 11/06/2015 documents the injured worker has a markedly degenerative L5-S1 disc severe Modic endplate changes. Lumbar examination reveals restricted range of motion with both flexion and extension. An anterior interbody fusion at L5-S1 was discussed. She has a small disc herniation as well but no leg pain to speak of. Symptoms are worse with lumbar flexion, and are also exacerbated by Valsalva type maneuvers. There is documentation present in a UR Nurses' note dated 05/07/2015 that the injured worker wishes to proceed with the surgery. Treatment requested is for anterior L5-S1 interbody fusion with instrumentation, associated surgical service: 3 days inpatient stay, pre-operative EKG, pre-operative chest x-ray, pre-operative labs: CBC w/platelets and diff, CMB, PT, PTT, pre-operative urinalysis with microscope, and vascular assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior L5-S1 interbody fusion with instrumentation: 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): 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 guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment: Anterior L5-S1 interbody fusion with instrumentation is NOT Medically necessary and appropriate.

Associated surgical service: 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.

Vascular 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.

Pre-operative labs: CBC w/platelets and diff, CMB, PT, PTT: 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 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.

Pre-operative 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-operative urinalysis with microscope: 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.