

Case Number:	CM15-0104189		
Date Assigned:	06/11/2015	Date of Injury:	10/28/2011
Decision Date:	07/17/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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 57 year old male, who sustained an industrial injury on October 28, 2011. The injury occurred when the injured worker and a coworker tried to stabilize a stack of falling guard rails. The injured worker has been treated for neck, shoulder and low back complaints. The injured worker was also noted to have had a prior work injury on February 1, 2003. The diagnoses have included lumbosacral disc disease, lumbar radiculopathy, lumbar herniated nucleus pulposus, cervical sprain/strain, cervical degenerative disc disease, cervical degenerative joint disease, anxiety and depression. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, lumbar epidural steroid injections, physical therapy and a lumbar fusion in 2012. Current documentation dated May 7, 2015 notes that the injured worker reported increased back pain with cramping in the legs following a lumbar epidural steroid injection. The injured worker also noted mild neck pain. Examination of the lumbar spine revealed tenderness and a painful and restricted range of motion. A straight leg raise test was positive. The treating physician recommended a lumbar fusion. The treating physician's plan of care included a request for decompression and possible fusion at lumbar three-four, further decompression at lumbar five-sacral one, hardware removal from lumbar four- five and lumbar five-sacral one, Tylenol # 4 quantity 90 and an X-Force stimulator with solar care # 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression and possible fusion at L3-4 further decompression at L5-S1 and Hardware removal from L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 306 and 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation, Integrated Treatment/ Disability Duration Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion chapter-hardware removal.

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 ODG guidelines do recommend hardware removal if it is broken, infected or found to be a pain generator. Documentation does not show evidence this is the case. The requested treatment: Decompression and possible fusion at L3-4 further decompression at L5-S1 and Hardware removal from L4-5 and L5-S1 is not medically necessary and appropriate.

Tylenol #4 QTY: 90.00: 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.

X-Force Stimulator with Solar Care QTY: 1.00: 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.