

Case Number:	CM15-0104798		
Date Assigned:	06/09/2015	Date of Injury:	12/30/2010
Decision Date:	07/17/2015	UR Denial Date:	05/27/2015
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 68 year old female, who sustained an industrial injury on 12/30/2010. She reported a slip and fall. The injured worker was diagnosed as having herniated nucleus pulposus of the lumbar spine with stenosis, lumbar instability with spondylolisthesis, and lumbar radiculopathy. Treatment to date has included diagnostics, recent left knee replacement on 2/27/2015, multiple orthopedic surgeries, physical therapy, acupuncture, chiropractic physiotherapy, epidural steroid injections, and medications. Currently, the injured worker complains of an increase in low back pain since last visit. Her pain radiated into her hips and buttocks and was rated 8/10. Right sided radicular symptoms were worse than the left. A previously requested posterior spinal fusion L3-4, L4-5, L5-S1 was denied on 1/27/2014 and she was currently awaiting authorization for pain psych consult. Current medications included Norco, Flexeril, Prilosec, Gabapentin, and Ketoprofen cream. She attributed her increased back pain due to left knee replacement surgery. Exam noted tenderness to palpation over the lumbar spine and bilateral lumbar paraspinals, right greater than left and decreased range of motion. Sensation was diminished to the right L4, L5, and S1 dermatomes and motor strength was 4-/5 to 4+/5. Positive testing included straight leg raise test, slump test, and Lasegue. Magnetic resonance imaging of the lumbar spine (2/26/2015) showed multilevel degenerative disc disease and facet arthropathy, with grade 1 anterolisthesis L3-4 and L4-5 and retrolisthesis L5-S1, moderate canal stenosis L3-4 and L4-5, and neural foraminal narrowing L2-S1. The treatment plan included posterior spinal fusion L3-4, L4-5, L5-S1 with ALIF (Anterior Lumbar Interbody Fusion), posterior spinal fusion L3-4, L4-5, L5-S1, and post-operative chiropractic x12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior spinal fusion L3-4, L4-5, L5-S1 with ALIF, QTY: 1.00: 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): 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. Documentation does not show evidence of pathological instability. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment: Posterior spinal fusion L3-4, L4-5, L5-S1 with ALIF, QTY: 1.00 is not medically necessary and appropriate.

Posterior spinal fusion L3-4, L4-5, L5-S1, QTY: 1.00: 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): 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. Documentation does not show evidence of pathological instability. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment: Posterior spinal fusion L3-4, L4-5, L5-S1, QTY: 1.00 is not medically necessary and appropriate.

Post-op chiropractic rehabilitation therapy, QTY: 12.00: 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.