

Case Number:	CM15-0105604		
Date Assigned:	06/09/2015	Date of Injury:	11/04/2008
Decision Date:	07/13/2015	UR Denial Date:	04/28/2015
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 37 year old, male who sustained a work related injury on 11/4/08. The diagnoses have included status post lumbar surgery, axial low back pain, persistent radiculopathy right leg and right foot drop. Treatments have included lumbar surgery 3/1/13, physical therapy, and a lumbar epidural steroid injection. In the PR-2 dated 4/1/15, the injured worker complains of lower back and both legs pain. He states pain is 80% in the lower back and 20% in his legs. The leg pain is 80% in the right leg and 20% in the left leg. He rates his low back pain a 6-7/10. He has right foot drop. He has limited range of motion in his low back. The treatment plan includes a request for lumbar surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 global lumbar fusion with anterior arthrodesis, allograft and instrumentation as well as posterior arthrodesis, instrumentation with laminectomy/discectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web), 2015, Back Chapter.

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 any instability. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment: L4-S1 global lumbar fusion with anterior arthrodesis, allograft and instrumentation as well as posterior arthrodesis, instrumentation with laminectomy/discectomy is not medically necessary and appropriate.

3 day 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.

External Bone Growth Stimulator: 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.

Lumbar Back Brace: 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.