

Case Number:	CM15-0108675		
Date Assigned:	06/15/2015	Date of Injury:	01/28/1998
Decision Date:	07/14/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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 62 year old male patient who sustained an industrial injury on 01/28/1998. Previous treatment to include: physical therapy sessions. A primary treating office visit dated 01/22/2015 reported the patient with subjective complaint of having low back and extremity pain. The patient reports having had a bad month with pain and having to take Norco up to four tabs daily. He also increased the Gabapentin to four tabs daily. Now with the increased medications he is not having any radicular pain in the groin or legs. He also takes Naproxen with good effect. He is able to walk daily with the use of medications. He is also using a transcutaneous nerve stimulator unit. The patient states he was denied a surgical consultation. Current medications are: Norco 10/325mg, Naproxen, Omeprazole, Amitriptyline, Flexeril, and Gabapentin. The patient is currently retired. A magnetic resonance imaging study done on 08/18/2014 showed at L2-3 disc protrusion extending into both neural foramen including facet hypertrophic changes bilaterally; high grade bilateral neural foraminal exit zone compromise with borderline spinal stenosis at L3-4, extensive degenerative change marked hypertrophy of the posterior inferior endplate of L3; pedicle screws in place; high grade spinal stenosis is seen with high grade bilateral neural foraminal exit zone compromise L4-5. The impression found the patient with: post laminectomy syndrome; chronic low back pain; L5-S1 fusion in 2001; L4-5 fusion in 2007; discogenic low back pain, and chronic low back pain with radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

One extreme lateral L2-3, L3-4 interbody fusion with PEEK spacers filled with bone morphogenic protein posterior L2-3, L3-4 laminectomy and L2-L4 segmental fixation; possible transformaminal interbody fusion at L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305, 307, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic): Dynamic neutralization system (Dynesys) (2015).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-7.

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 California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating, upper extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Such evidence is not provided in the documentation to support a L2-3, 3-4 fusion. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The request for one extreme lateral L2-3, L3-4 interbody fusion with PEEK spacers filled with bone morphogenic protein posterior L2-3, L3-4 laminectomy and L2-L4 segmental fixation; possible transformaminal interbody fusion at L3-4 is not medically necessary and appropriate.

Associated surgical service: 4 inpatient stays: 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.

Associated surgical service: one walker: 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.

Associated surgical service: one raised toilet seat: 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.

Associated surgical service: one grabber: 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.