MAXIMUS Federal Services

Case Number:	CM15-0109168		
Date Assigned:	06/15/2015	Date of Injury:	02/01/2013
Decision Date:	08/05/2015	UR Denial Date:	05/08/2015
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:

This is a 55 year old male with a February 1, 2013 date of injury. A progress note dated March 3, 2015 documents subjective findings (pain into left leg), objective findings (antalgic gait; positive straight leg raise on the left), and current diagnoses (chronic lower back pain with sciatica). Other portions of the medical record note additional diagnoses of lumbar spine degenerative disc disease, lumbar spine radiculopathy, and lumbar spine stenosis. Treatments to date have included epidural steroid injection (February 23, 2015; reported 50% pain relief for two days), magnetic resonance imaging of the lumbar spine (July 25, 2014; showed degenerative disc disease at L3-4, L4-5, and L5-S1; granulation tissue versus recurrent disc protrusion at L5-S1; 5 to 6 millimeter free fragment versus micro metallic artifact or granulation tissue within the thecal sac in the region of the left S2 nerve root; moderate or severe left neural foraminal narrowing at L5-S1 due to combination of disc space narrowing, endplate osteophyte, and disc bulging), lumbosacral spine decompression surgery with foraminotomies (January 7, 2014; immediate pain relief but symptoms have returned), and physical therapy. The treating physician documented a plan of care that included spinal fusion of L3-S1 with lumbar open decompression of L5-S1 with spinal instrumentation and iliac crest bone graft, and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar surgery- spinal fusion L3-S1 with lumbar open decompression L5-S1 with spinal instrumentation and iliac crest bone graft, 3 day inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation ACOEM Guidelines (Low Back Disorders revised 2007, pages 201-204, 209-211); Official Disability Guidelines (http://odg-twc.com/odgtwc/low_back.htm).

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. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment: Lumbar surgery- spinal fusion L3-S1 with lumbar open decompression L5-S1 with spinal instrumentation and iliac crest bone graft, 3 day inpatient stay is not medically necessary and appropriate.

Associated surgical service: 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.

Associated surgical service: Aspen quick draw: 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.

Post physical therapy 2 times per week for 6 weeks: 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.