

Case Number:	CM15-0131797		
Date Assigned:	07/20/2015	Date of Injury:	06/16/2004
Decision Date:	08/19/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/08/2015

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 49-year-old male, who sustained an industrial injury on 6/16/2004. He reported multiple injuries due to a motor vehicle accident. Diagnoses have included L4-5, L5-S1 degenerative disc disease, herniated disc and stenosis. Treatment to date has included magnetic resonance imaging (MRI), chiropractic treatment and medication. According to the progress report dated 6/10/2015, the injured worker complained of low back pain. He rated his pain as eight to nine out of ten even with medication. His pain was located in his midline, lumbosacral back and his right buttock, posterolateral thigh, shin, calf and top and bottom of his right foot. He had frequent numbness, tingling, cramps and spasms of the leg. He reported that his right leg felt weak and frequently buckled on him. Magnetic resonance imaging (MRI) from 12/6/2014 was reviewed, showing mild degenerative disc space at L4-5 with moderate change at L5-S1. Authorization was requested for L4-5 and L5-S1 lumbar interbody fusion and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5, L5-S1 transforaminal lumbar interbody fusion, cages/screws: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: L4-L5, L5-S1 transforaminal lumbar interbody fusion, cages/screws is not medically necessary and appropriate.

Associated Surgical Service: 3 day 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.

Associated Surgical Service: PA-C to assist: 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: lumbar aspen LSO 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.

Associated Surgical Service: 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.