

Case Number:	CM15-0139030		
Date Assigned:	07/29/2015	Date of Injury:	04/01/2013
Decision Date:	08/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/17/2015

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 34 year old male who sustained an industrial injury on 04/01/13. Initial complaints include low back pain. Initial diagnoses are not available. Treatments to date include medications, home exercise program, activity modifications, physical therapy, and epidural steroid injections. Diagnostic studies include a MRI of the lumbar spine on 01/26/15 which showed degenerative retrolisthesis of L5 and S1. Current complaints include persistent low back pain. Current diagnoses include chronic lumbosacral strain, herniated disc at L5-S1, and advanced degenerative disc disease at L5-S1 with Mobic endplate changes. In a progress note dated 06/08/15 the treating provider reports the plan of care as a discectomy and fusion at L4-5 and associated services. He requested treatments include a discectomy and fusion at L4-5, inpatient stay, postoperative physical therapy, and preoperative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discectomy L4-L5 with possible fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307, 310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Fusion (spinal).

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 at L4-5. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The California MTUS guidelines recommend lumbar surgery if there are severe persistent, debilitating lower extremity complaints, clear clinical and imaging evidence of a specific lesion corresponding to a nerve root or spinal cord level, corroborated by electrophysiological studies which are known to respond to surgical repair both in the near and long term. Documentation does not provide this evidence. The requested treatment: Discectomy L4-L5 with possible fusion is not medically necessary and appropriate.

Inpatient stay for 1-2 days: 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-operative physical therapy once a week for 12 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.

Pre-operative clearance: 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.