

Case Number:	CM15-0140266		
Date Assigned:	07/30/2015	Date of Injury:	10/07/2012
Decision Date:	08/31/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

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 36 year old female with an industrial injury dated 10-07-2012. The injured worker's diagnoses include lumbar disc herniation, lumbar annular tears, lumbar stenosis, lumbar radiculopathy, chronic pain syndrome, myofascial pain syndrome and foot drop. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, injections, and periodic follow up visits. In a progress note dated 07-01-2015, the injured worker presented with ongoing back pain and leg pain bilaterally, right greater than left. The injured worker reported two epidural steroid injections (ESI) with minimal relief. The injured worker also reported progressing weakness in the right lower extremity and inability to drive due to not being able to operate foot safely for the pedals. Objective findings revealed weakness throughout the right lower extremity and weakness in the right tibialis anterior and extensor hallucis longus with progression from prior exam. The treating physician reported degenerative changes throughout lumbar spine with stenosis at multiple levels. Treatment plan consisted of lumbar surgery with associated surgical services. The treating physician prescribed services for inpatient L2-S1 transforaminal lumbar interbody fusion, L2-S1 posterior spinal fusion- posterior spinal instrumentation and associated surgical services: surgical assistant, inpatient length of stay for three days, lumbar brace, external bone growth stimulator, one box island bondage, and outpatient physical therapy three times a week for six weeks, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient L2-S1 transforaminal lumbar interbody fusion, L2-S1 PSF/PSI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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 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: Inpatient L2-S1 transforaminal lumbar interbody fusion, L2-S1 PSF/PSI is not medically necessary and appropriate.

Associated Surgical Service: Surgical Assistant: 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: Inpatient length of stay for three 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.

Associated Surgical Service: Lumbar 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.

Associated Surgical Service: One box island bondage: 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: outpatient physical therapy three times a week for six 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.