

Case Number:	CM15-0201114		
Date Assigned:	10/16/2015	Date of Injury:	08/20/2012
Decision Date:	12/08/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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, Montana, California
 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 48 year old female, who sustained an industrial injury on 08-20-2012. A review of the medical records indicates that the worker is undergoing treatment for degenerative lumbar-lumbosacral disc with lumbar disc herniation and degeneration of L5-S1. On 01-06-2015 the worker had a surgical consultation performed. The physician noted that the worker continued to struggle with persistent low back pain and sitting intolerance with fullness in her perineal area when back pain was severe as well as right leg radiating pain. Objective findings revealed tenderness across the lumbosacral junction, limitation with flexion and extension, decreased strength of the extensor hallucis longus on the right, absent right sided ankle jerk and positive straight leg raise on the right at 35 degrees on seated and supine. The physician noted that the worker had markedly degenerative collapsed herniated L5-S1 disc with L5 motor and sensory radiculopathy on the right and limitation with lumbar flexion and extension and that a short course of back class at [REDACTED] would be helpful. If the back class failed, the physician noted that the injured worker may be a candidate for anterior discectomy and fusion of L5-S1. On 03-16-2015 the injured worker was seen in follow-up with continued pain and the physician indicated that surgery and expected rehabilitation time was discussed with plans for one level fusion surgery. The physician noted that back classes had been requested and would help her to prepare for surgery which was likely to take place in the fall. No objective findings were documented. The injured worker was seen on 08-17-2015 and the physician noted that a discussion about effusion vs. disc replacement was had with the worker. The worker requested a second opinion regarding the "disc replacement issue" and was going to try to see another

physician for the second opinion. Examination was noted as unchanged but no subjective or objective findings were documented. Subjective complaints (09-24-2015) included continued significant low back and proximal leg pain. MRI was noted to show marked loss of disc height at L5-S1 with Modic 2 endplate changes. Objective findings (09-24-2015) showed weak extensor hallucis longus on the left with pain across the lumbosacral junction and limitation of flexion and extension. The physician noted that the worker completed a very aggressive course of physical therapy and a home exercise program but remained symptomatic. The physician noted that the worker would be a good candidate for anterior body fusion at L5-S1 with allograft and a plate. Treatment has included pain medication, bilateral L5-S1 intra-articular facet injection, L5 and S1 lumbar epidural injections, physical therapy and a home exercise program. A utilization review dated 10-02-2015 non-certified requests for L5-S1 transforaminal interbody fusion and instrumentation QTY 1, vascular co-surgeon, associated surgical stay: inpatient stay 2 days and shelf lumbar support QTY 1, Pre-op labs including CBC with platelets with differential QTY 1, CMP QTY 1, PT-PTT, UA, EKG and chest X-ray, Percocet 10-325 mg QTY 80 and Valium 10 mg #75.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Transforaminal Interbody fusion and Instrumentation QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 13th Edition, (web), Low Back, 2015, Fusion.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of these conditions. Her magnetic resonance imaging scan (MRI) shows no severe canal or foraminal stenosis or nerve root impingement. Her provider recommends a L5-S1 Transforaminal Interbody fusion and Instrumentation. Documentation does not present evidence of instability or radiculopathy. According to the Guidelines for the performance of fusion procedures for degenerative diseases of the lumbar spine, published by the joint section of the American Association of Neurological surgeons and Congress of Neurological surgeons in 2005 there was no convincing medical evidence to support the routine use of lumbar fusion at the time of primary lumbar disc excision. This recommendation was not changed in the update of 2014. The update did note that fusion might be an option if there is evidence of spinal instability, chronic low back pain and severe degenerative changes. Documentation does not show severe degenerative changes or instability. The California MTUS guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment: L5-S1 Transforaminal Interbody fusion and Instrumentation QTY 1 Is NOT Medically necessary and appropriate.

Vascular Co-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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical stay: Inpatient Stay, 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op Lab: CBC with Platelets and Differential, QTY 1: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op Lab: CMP, QTY 1: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op Lab: PT/PTT: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op Lab: UA: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op EKG: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op Chest X-ray: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Shelf Lumbar Support, QTY 1: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Percocet 10/325mg, QTY 80: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Valium 10mg #75: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.