

Case Number:	CM15-0031751		
Date Assigned:	02/25/2015	Date of Injury:	03/01/2013
Decision Date:	04/21/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/19/2015

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: Oregon, 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 35-year-old male who reported an injury on 10/01/2013. The mechanism of injury was not specifically stated. The current diagnosis is lumbar degenerative disc disease. The injured worker presented on 12/15/2014 for an evaluation regarding persistent low back pain. The injured worker has been previously treated with physical therapy and epidural injection. The injured worker reported 9/10 lower back pain with radiating symptoms into the bilateral lower extremities. Upon examination, there was 50% of normal range of motion of the lumbar spine with moderate tenderness to palpation. Motor strength was 5/5. There was evidence of normal deep tendon reflexes and intact sensation. Recommendations at that time included an L5-S1 anterior lumbar interbody fusion. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Anterior Instrumentation, Anterior Lumbar Interbody Fusion, Intervertebral Disc, Cancellous Allograft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Low Back Chapter, Fusion (spinal).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. In this case, there is no evidence of a significant abnormality upon imaging study. There was no documentation of spinal instability upon flexion and extension view radiographs. There was no documentation of a psychosocial screening completed prior to the request for a lumbar fusion. There was no documentation of a significant musculoskeletal or neurological deficit upon examination. Given the above, the request is not medically necessary at this time.

Associated Surgical Services: LOS: Inpatient x 1 night: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (eb), 2015, Low Back Chapter, Fusion (spinal).

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 Services: Medical 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.

Associated Surgical Services: Post-Op DME Purchase: Lumbar Corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Low Back Chapter, Fusion (spinal).

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.