

Case Number:	CM15-0032799		
Date Assigned:	02/26/2015	Date of Injury:	03/20/2006
Decision Date:	05/08/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/23/2015

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 49-year-old female who reported injury on 03/20/2006. The mechanism of injury was the injured worker was lifting a heavy box. The injured worker was noted to receive facet injections and epidural steroid injections. The injured worker underwent physical therapy. There was a Request for Authorization submitted for review dated 02/11/2015. The documentation of 11/18/2014 revealed the injured worker had 70 degrees of flexion, 20 degrees of extension, and 30 degrees of lateral flexion bilaterally. There was a positive straight leg raise on the right. There was decreased strength in the right calf muscle. The injured worker had x-rays and an MRI that was re-reviewed, which showed spondylolisthesis at L4-5 with motion on flexion and extension x-rays. The MRI revealed a disc herniation and stenosis. The request was made for a transforaminal lumbar posterior interbody fusion, compression, and discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Interbody Fusion (TLIF) at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Section - Lumbar spinal fusion indications for surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicates surgical consultation may be appropriate for injured workers who have severe, disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month, or the extreme progression of lower leg symptoms; and clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability in motion, and this had been operated on. The clinical documentation submitted for review indicated the physician stated the injured worker had spondylolisthesis. The specific grade of spondylolisthesis was not provided and, as such, the necessity for surgery could not be established. Additionally, there was a lack of documentation of the duration of the conservative care directed at the lumbar spine was utilized. There would not need to be electrodiagnostic studies to support the necessity for a fusion. Given the above and the lack of documentation, the request for transforaminal lumbar interbody fusion TLIF at L4-5 is not medically necessary.

Associated surgical service: Assistant 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Inpatient stay x3 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: Medical clearance x1: 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.