

Case Number:	CM15-0035118		
Date Assigned:	03/03/2015	Date of Injury:	05/27/2012
Decision Date:	05/08/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/24/2015

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 39-year-old male who reported injury on 05/27/2012. The mechanism of injury was not provided. The latest documentation was dated 06/26/2014. The documentation indicated the injured worker had low back pain that was aggravated by bending, twisting, lifting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. Surgical history was not provided. The physical examination of the lumbar spine revealed standing flexion and extension was guarded and restricted. Sensation was intact throughout. There was tingling and numbness in the lateral thigh, anterior lateral leg and foot, and posterior leg and foot, correlating with an L5-S1 dermatomal pattern. There was 4/5 strength in the EHL and plantar flexors, L5 and S1 innervated nerve roots. The diagnoses included lumbar discopathy. The treatment plan included physical therapy for the lumbar spine. There was no specific request for surgical intervention with the supplied documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Posterior Lumbar Interbody Fusion (PLIF) Instrumentation and Reduction of Listhesis with 3 Day Inpatient Stay: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 indicate a surgical consultation may be appropriate for injured workers who have severe and 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. Additionally, 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 and motion in the segment operated on. Electrophysiologic evidence would not be necessary. There were no objective findings submitted to support the necessity for a fusion. There were no x-rays nor MRI submitted for review. There was a lack of documentation of spondylolisthesis, spinal fracture, or dislocation to support a necessity for fusion. The injured worker's smoking status is unknown, as smoking could interfere with fusion. Given the above, the request for L5-S1 posterior lumbar interbody fusion (PLIF) instrumentation and reduction of listhesis with 3 day inpatient stay is not medically necessary.

Front Wheel Walker: 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.

TLSO: 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-Op Medical Clearance with Internist: 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.