MAXIMUS Federal Services

Case Number:	CM15-0036916		
Date Assigned:	04/08/2015	Date of Injury:	01/28/2011
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	02/26/2015

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 52 year old female, who sustained an industrial injury on 1/28/11. She reported back pain, and neck stiffness. The injured worker was diagnosed as having cervical myofascial pain syndrome, left shoulder conditions with 2 subsequent surgeries, nausea and vomiting related to chronic pain and vestibular aggravation in neck, migraine headaches, chronic lumbar pain with intervertebral disc dysfunction, left L4-5 radiculopathy, and left hip myofascial pain syndrome. Treatment to date has included bilateral medial branch blocks at C4-5 on 11/13/14, Botox injection on 2/10/15, TENS, and medication. A MRI of the lumbar spine performed on 10/3/14 revealed L4-5 mild broad based disc bulge with mild flattening of the ventral thecal sac without spinal canal or neural foraminal stenosis. L5-S1 left paracentral disc protrusion causing impress on the ventral thecal sac without spinal canal or neural foraminal stenosis was also noted. Currently, the injured worker complains of neuralgia in the legs, headaches, left shoulder pain, and left upper extremity pain. The treating physician requested authorization for L4-5 and L5-S1 anterior fusion and fixation, posterior L4-5 and L5-S1 decompression and fusion with fixation, and access surgeon for anterior portion of the procedure. Other requests included associated surgical services of computed tomography scan of the lumbar spine, lumbar spine x-rays with 5 views, surgical consultation, 4 day inpatient stay, and intraoperative neuromonitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5, L5-S1 Anterior Fusion and Fixation: 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 also emphasize the need for clear clinical, imaging and electrophysiological evidence consistently indicating a lesion which has been shown to benefit both in the short and long term from surgical repair. Documentation does not show this evidence. The requested treatment is for an anterior lumbar fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. The requested treatment: L4-L5, L5-S1Anterior Fusion and Fixation is NOT Medically necessary and appropriate.

Posterior L4-L5, L5-S1 Decompression and Fusion with Fixation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

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 also emphasize the need for clear clinical, imaging and electrophysiological evidence consistently indicating a lesion which has been shown to benefit both in the short and long term from surgical repair. Documentation does not show this evidence. The requested treatment is for an anterior lumbar fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Requested Treatment: Posterior L4-L5, L5-S1 Decompression and Fusion with Fixation Is NOT Medically necessary and appropriate.

Access Surgeon for Anterior portion of procedure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

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: CT Scan of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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 spine X-Rays 5 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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: Surgical Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: 4 day Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Lumbar Fusion.

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.

Intraoperative Neuromonitor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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.