

Case Number:	CM15-0040261		
Date Assigned:	03/10/2015	Date of Injury:	03/07/2013
Decision Date:	05/29/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	03/03/2015

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 64-year-old female who reported injuries on 03/07/2013. Her mechanism of injury was pushing a basket loaded with about 200 to 300 pounds of merchandise up a ramp and the front wheel got stuck. Her diagnoses included thoracic sprain/strain, cervical radiculopathy, lumbosacral radiculopathy, shoulder tendinitis/bursitis. Her past treatments have included epidural steroid injections, physical therapy, and pain medication. Her diagnostic studies have included MRI of the thoracic spine on 07/12/2013, MRI of the lumbar spine on 03/27/2014, and MRI of the thoracic spine on 01/12/2015. Her surgical history was noncontributory. The injured worker has complaints of neck and lower back pain, as well as bilateral shoulder pain. She had decreased difficulty lifting, pushing, pulling, and bending. She also has complaints of bilateral arm pain. There is radiation of pain to the lower extremities. On physical exam, it was noted there was spasm and tenderness over the paravertebral musculature and upper trapezium. Her lumbar range of motion was impeded by spasm and pain. There was tenderness and spasm in the paravertebral muscle, sciatic notch was tender bilaterally. The injured worker toe and heel walks with pain. The injured worker was able to squat with pain. Supine straight leg raising was right and 90 degrees and left at 90 degrees with no back pain. Sitting straight leg raising was similar. Lasegue's test was negative bilaterally. Hip range of motion was within full normal limits. Her medications not included. Her treatment plan included requesting authorization for surgery and pain medications and following permanent work restrictions. Rationale for the request was not included. The Request for Authorization form was signed and dated 12/11/2014 in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar interbody fusion @ L4-L5 and L5-S1 levels with posterior instrumentation and bone grafting: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion, endoscopic.

Decision rationale: The request for transforaminal lumbar interbody fusion at L4-5 and L5-S1 levels with posterior instrumentation and bone grafting is not medically necessary. The ACOEM guidelines state that spinal fusion is not recommended for chronic low back pain in the absence of fracture, dislocation, complications of tumor, or infection is not recommended. As the guidelines indicate that spinal fusion is not recommended, the request for transforaminal lumbar interbody fusion at L4-5 and L5-S1 levels with posterior instrumentation and bone grafting is not medically necessary.

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 Services: Inpatient length of stay of three 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 Services: external bone growth stimulator: 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.