

Case Number:	CM15-0043425		
Date Assigned:	03/16/2015	Date of Injury:	04/01/2011
Decision Date:	04/20/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/09/2015

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 56 year old male, who sustained an industrial injury on 4/01/2011. He was diagnosed as having post-surgical spondylolisthesis, post lumbar laminectomy syndrome, degenerative spondylolisthesis and chronic pain syndrome. Treatment to date has included magnetic resonance imaging (MRI), EMG (electromyography)/NCS (nerve conduction studies), medication, physical therapy, chiropractic, epidural steroid injections, facet blocks, pain management and traction. He underwent L4-5 decompression in 2012. Per the most recent Primary Treating Physician's Progress Report dated 2/03/2015, the injured worker reported back pain, leg symptoms related to low and mid back and difficulty walking. Physical examination revealed decreased sensation to the posterolateral right leg and foot. Right leg pain is rated as 10/10, left leg pain is rated as 4/10 and back pain is rated as 10/10. The plan of care included surgical intervention. Authorization was requested for L4-S1 ALIF, assistant surgeon, vascular co-surgeon and 3 days inpatient stay at UCSF Medical Center.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient stay, medical center, 3 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.

Vascular co-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.

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.

Anterior lumbar interbody fusion (ALIF)/ Posterior spinal fusion (PSF); Lumbar 4-Sacroiliac 1 (L4-S1): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 702. Decision based on Non-MTUS Citation Official Disability Guidelines: Fusion (spinal).

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. His radiologist noted he had a congenital spondylosthesis at L4-5. Documentation does not contain results of flexion-extension views of the lumbar spine to document whether he has significant instability at either L4-5 or L5-S1. Moreover, The MTUS guidelines indicate the patient should have clear clinical, imaging and electrophysiologic evidence of the presence of a lesion that is known to respond to surgical repair both in the short and long term. This evidence is not present in the documentation. The requested Treatment: Anterior lumbar interbody fusion

(ALIF)/ Posterior spinal fusion (PSF); Lumbar 4-Sacroiliac 1 (L4-S1) is not medically necessary and appropriate.