

Case Number:	CM15-0047874		
Date Assigned:	04/07/2015	Date of Injury:	07/12/2013
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/13/2015

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 59 year old female who sustained an industrial injury on 07/12/2013. Diagnoses include Grade II lumbar spondylolisthesis L5-S1, disc herniation of the lumbar spine, and bilateral lower extremity radiculitis. Treatment to date has included diagnostic studies, medications, injections, and physical therapy. A physician progress note documents the injured worker has severe pain in the lumbar and thoracic spine. On a scale of 1-10 her pain is rated as a 9. The pain is in the lumbar spine and radiates into the bilateral lower extremities to her toes. There is numbness in the bilateral feet. Computed tomography and MRI scans of the lumbar spine from 2002 had demonstrated a lumbarization of the first sacral segment and revealed Grade I-II spondylolisthesis of L5-S1 with bone to bone anteriorly, and severe narrowing of neural foramen with compression of exiting L5 nerve roots. The PR2 of 1/30/2015 noted no abnormal motion. Psychological evaluation of 12/19/14 noted severe subjective anxiety and high pain catastrophizing scores. Treatment requested is for decompression L5-S1; posterior instrumented fusion possible transforaminal lumbar interbody fusion, post-op lumbar brace, pre-op Labs and EKG, and pre-op medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression L5-S1; posterior instrumented fusion possible transforaminal lumbar interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has had a thoracic wedge compression fracture but no evidence is presented for recent progression of her underlying lumbar spondylolisthesis correlating it with objective findings on her physical examination. The guidelines also emphasize the importance 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 guidelines emphasize the importance of psychological assessment. Documentation does not show the provider has reviewed the report of 12/19/14 or this patient's prior history. Documentation does not show the provider has offered the patient alternatives to an operation. The requested treatment is for a lumbar interbody fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. The requested treatment: Decompression L5-S1; posterior instrumented fusion possible transforaminal lumbar interbody fusion Is NOT Medically necessary and appropriate.

Pre-op Medical Clearance: 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 Labs and EKG: 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.

Post-op Lumbar Brace: 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.