MAXIMUS Federal Services

Case Number:	CM15-0050318		
Date Assigned:	04/14/2015	Date of Injury:	12/31/2003
Decision Date:	05/07/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/17/2015

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 62 year old male, who sustained a work/ industrial injury on 12/31/03.He has reported initial symptoms of feeling a pop in his back after cutting plastic straps off a pallet. The injured worker was diagnosed as having lumbar spinal stenosis, lumbar herniated disc and lumbar degenerative disc disease (DDD) with radiculopathy. Treatments to date included medications, physical therapy and Epidural Steroid Injection (ESI) x2 with some benefit. Magnetic Resonance Imaging (MRI) of the lumbar spine was performed on 1/8/15. X-rays of the lumbar spine were performed on 11/9/11. Currently, the injured worker complains of back pain that has worsened. The treating physician's report (PR-2) from 11/17/14 indicated that he complained of back pain that was rated 6/10 on pain scale. He had a recent Epidural Steroid Injection (ESI) but it was noted that it has not had its full effect. The injured worker is not working. Physical exam of the lumbar spine revealed no gross misalignment of the spine, normal gait without palpable tenderness noted to the lumbar or thoracic spine. The physician noted that the injured worker continues to have moderate to severe low back pain and a recent Epidural Steroid Injection (ESI) has not worked as of yet. The requested treatment plan included L4-5 Transforaminal Lumbar interbody fusion, Pre-op UA, Pre-op CBC, Pre-op PTT, Pre-op PT, Pre-op electrocardiogram (EKG), Pre-op Chest X-ray and Clearance for internal medicine doctor before surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Transforaminal Lumbar interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(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 not had any of these events. The California MTUS guidelines note that surgical consultation is indicated if the patient has persistent, severe and disabling lower extremity symptoms. The documentation shows this patient has been complaining of pain in the back. Documentation does not disclose disabling lower extremity symptoms. The guidelines also list the criteria 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 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: L4-5 Transforaminal Lumbar interbody fusion is not medically necessary and appropriate.

Pre-op UA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.guidelines.gov/content.aspx?id=24226&search=pre-op+clearance; Sharma, et al; Preoperative Testing: eMedicine.com Eds Ocha et al; 10 April 2009.

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 CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.guidelines.gov/content.aspx?id=24226&search=pre-op+clearanceSharma, et al; Preoperative Testing: eMedicine.com Eds Ocha et al; 10 April 2009.

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 PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.guidelines.gov/content.aspx?id=24226&search=pre-op+clearanceSharma, et al; Preoperative Testing: eMedicine.com Eds Ocha et al; 10 April 2009.

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 PT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.guidelines.gov/content.aspx?id=24226&search=pre-op+clearanceSharma, et al; Preoperative Testing: eMedicine.com Eds Ocha et al; 10 April 2009.

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 EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.guidelines.gov/content.aspx?id=24226&search=pre-op+clearanceSharma, et al; Preoperative Testing: eMedicine.com Eds Ocha et al; 10 April 2009.

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 Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.guidelines.gov/content.aspx?id=24226&search=pre-op+clearance.

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.

Clearance for internal medicine doctor before surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation https://www.guidelines.gov/content.aspx?id=24226&search=pre-op+clearanceSharma, et al; Preoperative Testing: eMedicine.com Eds Ocha et al; 10 April 2009.

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.