

Case Number:	CM15-0052722		
Date Assigned:	03/26/2015	Date of Injury:	07/01/2002
Decision Date:	05/01/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/19/2015

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 63 year old male, who sustained an industrial injury on 07/01/2002. The injured worker is currently diagnosed as having status post central laminectomy L4-L5 redo, status post L4-L5 spinal fusion, right L5-S1 stenosis, severe right L5-S1 and moderate left L5 sensory dysfunction, status post right resurfacing hip arthroplasty, lumbar spondylosis and advanced degenerative disc disease, status post right medial meniscectomy, and L4-5 and L5-S1 foraminal stenosis. Treatment to date has included lumbar surgeries, knee surgery, lumbar epidural steroid injection, CT lumbar spine myelogram, psychotherapy, and medications. In a progress note dated 12/03/2014, the injured worker presented with complaints of severe and constant low back pain. The treating physician reported requesting authorization for lumbar surgery and associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric Osteogen Stimulator spinal: 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.

Back Brace for Lumbar: 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 at L1-2, L2-3, and L3-4; Laminectomy at L1, L2, and L3; Posterior Spinal fusion with instrumentation for L1-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Low Back-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. The California MTUS guidelines also list the advisability for the presence of 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 and laminectomy with posterior fusion and instrumentation. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. The requested anterior lumbar interbody fusion at L1-2, L2-3, and L3-4; laminectomy at L1, L2, and L3; posterior spinal fusion with instrumentation for L1-S1 is not medically necessary and appropriate.

4 point front wheel walker: 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.

