MAXIMUS Federal Services

Case Number:	CM15-0054519		
Date Assigned:	03/27/2015	Date of Injury:	05/28/2014
Decision Date:	05/13/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/23/2015

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:

This 48 year old male counselor had onset of low back pain on 05/28/2014 when a client he was escorting slumped to the ground pulling him down as well. He reported an injury to his lumbar spine. A lumbar MRI scan of 08/14/14 reported a L4-5 disc bulge and bilateral neuroforaminal narrowing at L%-S1 with disc space narrowing. He had a lumbar ESI on 12/22/14. The injured worker is currently diagnosed as having discogenic low back pain at L5-S1 and L5 radicular symptoms with L5 foraminal stenosis. Treatment to date has included physical therapy, chiropractic treatment, acupuncture, epidural injection, and medications. In a progress note dated 03/03/2015, the injured worker presented with complaints of persistent worsening complaints of low back and radiating leg pain, left greater than right. 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:

Inpatient L5-S1 lumbar discectomy, L5-S1 anterior lumbar interbody fusion, L5-S1 anterior instrumentation, L5-S1 cancellous allograft bone graft: 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): 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 guidelines also not 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 requested treatment is for an anterior interbody lumbar fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. The requested treatment: Inpatient L5-S1 lumbar discectomy, L5-S1 anterior lumbar interbody fusion, L5-S1 anterior instrumentation, L5-S1 cancellous allograft bone graft is not medically necessary and appropriate.

Associated Surgical Services: Inpatient stay (length of stay not indicated): Upheld

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

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: Assistant Surgeon: Upheld

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

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: Medical clearance to include labs: Upheld

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

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.