

Case Number:	CM15-0056190		
Date Assigned:	04/01/2015	Date of Injury:	08/22/2014
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/24/2015

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 44 year old male park aide reported the onset of low back pain on August 22, 2014 after he was lifting boxes. The injured worker was diagnosed as having lumbar strain, low back pain and lumbar degenerative disc disease (DDD). Past medical history included chronic back pain for years. Treatment and diagnostic studies to date have included physical therapy, X-ray, magnetic resonance imaging (MRI) and medication, acupuncture, bilateral L5 transforaminal epidural injections, physical therapy and exercise. His PR2 of 10/23/14 indicated he was able to try and surf on his birthday but was really sore that night. The MRI of his lumbar spine on 11/22/2014 noted degenerative disc changes and a 3-4 mm disc protrusion at L4-5 which was unchanged compared to the scan on 4/10/2014. A 5mm disc protrusion at L5-S1 was similarly unchanged. Osteophytic spurring contributed to mild left and moderate right foraminal stenosis at L5-S1. A second opinion consultation dated March 4, 2015 provides the injured worker complains of back pain. Physical exam notes antalgic gait, lumbar tenderness on palpation and decreased range of motion (ROM). X-ray and magnetic resonance imaging (MRI) were reviewed. The plan includes requests for authorization for lumbar surgery and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Anterior 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): 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 emphasize that for surgery 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 is needed. 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: L5-S1 Anterior lumbar interbody fusion is not medically necessary and appropriate.

Associated surgical service: Co-surgeon & consultation: 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 service: Inpatient stay x 3 days: 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 service: Back brace: 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.

