MAXIMUS Federal Services

Case Number:	CM15-0058041		
Date Assigned:	04/17/2015	Date of Injury:	02/21/2006
Decision Date:	06/11/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/26/2015

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 57 year old male, who sustained an industrial injury on 02/21/2006. He reported left foot trauma secondary to a trimming machine dropping on his left foot. The injured worker was diagnosed as having lumbar spondylosis, myofascial pain disorder, thoracic or lumbar radiculitis, failed back surgery, lumbar two to three stenosis and spondylolisthesis, chronic pain disorder multifactorial, and gait derangement. Treatment to date has included computed tomography myelogram of the lumbar puncture, x-ray of the lumbar spine, use of an H-wave unit, medication regimen, and use of a cane. In a progress note dated 03/10/2015 the treating physician reports complaints of constant low back pain that radiates to the left leg. He underwent a dorsolateral interbody fusion at L2-3 and a revision of a posterior spinal fusion from L2-S1 The treating physician requested possible posterior spinal fusion at lumbar two to three and lumbar three to four, but the documentation provided did not indicate the specific reason for the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible Posterior Fusion L2-3, L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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 guidelines note that the efficacy of fusion in the absence of instability has not been proven. The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Possible Posterior Fusion L2-3, L3-4 is not medically necessary and appropriate.