

Case Number:	CM15-0059146		
Date Assigned:	04/03/2015	Date of Injury:	11/27/2009
Decision Date:	05/07/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/27/2015

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 54 year old female truck driver hit her head exiting her truck on 11/27/2009. Following anterior cervical discectomies and fusion she also had complaints of low back pain. Diagnoses include spondylolisthesis at the L5-S1 level, depressive disorder, anxiety disorder, and post-traumatic stress disorder. Treatment to date has included diagnostic studies, medications, physical therapy, chiropractic sessions, acupuncture, psychotherapy, psychosocial evaluation, and epidural steroid injections. A physician progress note dated 01/06/2015 documents the injured worker was seen by the psychiatrist, medications were requested for sleep and pain. The psychiatrist clearance report was needed for surgery. Treatment requested is for 5 day inpatient stay, assistant surgeon, laminectomy posterior spinal fusion with instrumentation, and posterior lateral interbody fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy posterior spinal fusion with instrumentation: 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 and 307.

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. Documentation has stated there has been a progressive spondylolisthesis at L5-S1 but no radiologist's reports documenting this are found. The letter of 04/8/14 states there is a mild spondylolisthesis at L4-5 but the MRI report of 05/29/14 does not verify this statement. The report mentions a 3 mm spondylolisthesis which is not severe. 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 neck and lower back with pain in her knees, legs ankles and feet. She was noted to be complaining of a vibrating sensation. Documentation does not disclose disabling radicular 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 posterior spinal fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. The requested treatment: Laminectomy posterior spinal fusion with instrumentation is not medically necessary and appropriate.

Post lateral interbody fusion: 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. Documentation has stated there has been a progressive spondylolisthesis at L5-S1 but no radiologist's reports documenting this are found. The letter of 04/8/14 states there is a mild spondylolisthesis at L4-5 but the MRI report of 05/29/14 does not verify this statement. The report mentions a 3 mm spondylolisthesis which is not severe. 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 neck and lower back with pain in her knees, legs ankles and feet. She was noted to be complaining of a vibrating sensation. Documentation does not disclose disabling radicular 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 posterior spinal fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. The requested treatment: Laminectomy posterior spinal fusion with instrumentation is not medically necessary and appropriate.

Assistant surgeon: 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.

5 day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hospital Length of Stay.

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.