

Case Number:	CM15-0080761		
Date Assigned:	05/01/2015	Date of Injury:	10/03/2011
Decision Date:	06/01/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/27/2015

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:

The injured worker is a 49-year-old male, who sustained an industrial injury on 10/3/11. He reported a low back and right knee injury. The injured worker was diagnosed as having post laminectomy syndrome, status post L4 to S1 posterior instrumented fusion with L5-S1 interbody fusion, L3-4 adjacent level degeneration, lumbar strain, symptomatic instrumentation L4-S1, status post removal L4-S1 instrumentation and right knee osteoarthritis with meniscal derangement. Treatment to date has included L4-5, L5-S1 posterior instrumentation, L5-S1 TLIF with L4-L5 posterior instrumented fusion, dorsal column stimulator, bilateral facet blocks, bilateral L4-Ss1 instrumentation blocks, removal of hardware, bilateral L3-4 medial branch blocks, right and left L3-4 FRA and bilateral L3-4 RFA, physical therapy, home exercise program and oral medications including opioids. Currently, the injured worker complains of low back pain. Physical exam noted slightly antalgic gait, tenderness to palpation of PSIS on right and sensation to light touch is decreased along the left lateral aspect of foot and plantar foot on left. The treatment plan included refilling Norco, Gabapentin and Soma, continuation of home exercises, posterior instrumentation of L3-4 LLIF and a follow appointment. A request for authorization was submitted for left L3-4 LLFI with posterior instrumentation, assistant surgeon, lumbar back brace and surgical clearance including testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left L3-L4 LLIF with posterior instrumentation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of Symptomatic Lumbar Lumbar Degenerative Disk Disease Luke Madigan, Alexander R. Vaccaro, Leo R. Spector, and R Alden Milam J AM Acad Orthop Surg February 2009; 17: 102-111 and on the Non MTUS Nonsurgical Management of Acute & Chronic Low Back Pain Francis H. Shen, Dino Samartzis, and Gunner B.J. Anderson. J Am Acad Orthop Surg August 2006; 14:477-487 and on the Non-MTUS Management of Chronic Musculoskeletal Pain Richar L. Uhl, Timothy T. Roberts, Dean N. Papallodis, Michael T. Mullifan, and Andrew H. Dubin J Am Acad Orthop Surg February 2014; 22:101-110.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 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. Documentation does not support pathological instability. 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 provider's PR2's shows the persisting chief complaint to be unchanged low back pain for multiple visits with unchanged physical examination findings. The guidelines note the patient would have failed a trial of conservative therapy. Documentation provides no details of the exercise program. 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: Outpatient left L3-L4 LLIF with posterior 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. .

Pre-operative clearance (Labs, EKG and Chest X-ray): 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.

Associated surgical service: Purchase of a lumbar back brace: 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.