

Case Number:	CM15-0080829		
Date Assigned:	05/01/2015	Date of Injury:	06/08/2001
Decision Date:	06/17/2015	UR Denial Date:	04/20/2015
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 72-year-old female with an industrial injury dated 6/08/2001. The injured worker's diagnoses include degenerative disc disease of lumbar spine and back pain. Treatment consisted of urine drug screen, prescribed medications, and periodic follow up visits. In a progress note dated 2/9/2015, the injured worker was wearing a neck brace from post-operative care. The injured worker reported burning back sensation at L1 to L5 into leg/feet. Objective findings revealed poor range of motion of lumbar spine, spasm, and constant flex forward posture. Several documents within the submitted medical records are difficult to decipher. According to the most recent progress note 3/09/2015, the injured worker reported no major changes and a little less pain. Objective findings revealed no changes on physical exam from previous visit. The treating physician prescribed services for revision surgery laminectomy of T10-S1, fusion of L2-L3, L3-L4 with instrumentation and fluid collection removal, pre-operative laboratory works and electrocardiogram, assistant surgeon and pre-operative history and physical examination now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative History and Physical Examination: 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 Laboratory Works and Electrocardiogram: 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.

Revision Surgery Laminectomy of T10-S1, Fusion of L2-L3, L3-L4 with Instrumentation and Fluid Collection Removal: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

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 requested treatment 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.