MAXIMUS Federal Services

Case Number:	CM15-0082230		
Date Assigned:	05/04/2015	Date of Injury:	03/01/2012
Decision Date:	06/29/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/29/2015

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic 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 03/01/2012. He reported injuring his lower back. The injured worker is currently diagnosed as having lumbar radiculopathy and compression of the left peroneal nerve. Treatment and diagnostics to date has included electromyography/nerve conduction studies, lumbar spine MRI, physical therapy, injections, medications, and surgery. In a progress note dated 02/05/2015, the injured worker presented with complaints of persistent back pain that radiated into both legs along with tailbone pain. The treating physician reported requesting authorization for lumbar interbody fusion at L1-2 with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interbody Fusion at L1-2 Level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

Decision rationale: The injured worker is a 49-year-old male with a date of injury of 3/1/2012. He underwent microdiscectomy at L1-2 and L5-S1 with foraminotomies on 9/23/2013. On 6/9/2014 EMG and nerve conduction studies noted evidence of left L5 radiculopathy. There is also a question of chronic peroneal nerve injury. On 9/4/2014 decompressive surgery at L1-2 was performed for cord compression and bladder complaints. The current disputed issue is that of a fusion at L1-2.The MRI scan of the lumbar spine with flexion/extension with and without contrast is dated 3/12/2015. A comparison was made with MRI of lumbar spine with and without contrast dated May 12, 2014. At the L1-2 level a diffuse disc herniation was present. This was causing mild spinal canal stenosis. The disc material also caused bilateral neural foraminal narrowing. Exiting nerve roots were normal. The disc measurements were as follows: Neutral 4.0 mm; flexion 2.9 mm; extension 5.9 mm. From neutral to extension the difference was 1.9 mm. From flexion to extension the difference was 3.0 mm. According to the AMA Guides Fifth Edition loss of motion segment integrity is defined as an anteroposterior motion of 1 vertebra over another that is greater than 4.5 mm in the lumbar spine. It is also defined as a difference in the angular motion of two adjacent motion segments greater than 15 at L1-2. Based upon the MRI scan of 3/12/2015 with flexion/extension, there is no instability at L1-2 according to the AMA guides. Flexion/ Extension x-rays with measurements were not submitted. California MTUS guidelines indicate patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. In table 12?8 on page 310 the guidelines do not recommend spinal fusion in the absence of fracture, dislocation, complications of tumor, or infection. In the absence of documentation of instability as defined by the AMA guides, the guidelines do not support the request for interbody fusion at L1-2. As such, the medical necessity of the request has not been substantiated.

Associated Surgical Services: EKG 12 Leads: 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 Services: Pre-Operative Chest X-ray 1 view: 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: Echocardiogram: 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.