

Case Number:	CM15-0085041		
Date Assigned:	05/12/2015	Date of Injury:	05/22/2003
Decision Date:	06/10/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	05/04/2015

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 52 year old male who sustained an industrial injury on 5/22/03. The injured worker was diagnosed as having cervical herniated nucleus pulposus, lumbar herniated nucleus pulposus and cervical and lumbar radiculopathy. The complicated history annotates an unwitnessed fall followed by lower extremity weakness unexplained by injury or objective findings. He states physical therapy about killed him. He underwent a period of incarceration. Currently, the injured worker was with complaints of neck and lower back discomfort with radiation to the bilateral lower extremities and associated numbness and tingling. Previous treatments included use of a wheel chair, acupuncture treatment, chiropractic treatments, spinal traction, nonsteroidal anti-inflammatory drugs, oral pain medication, proton pump inhibitor, oral muscle relaxant, topical cream and activity modification. Previous diagnostic studies included a magnetic resonance imaging and computed tomography discogram. Lumbar disc bulge is described. Physical examination was notable for tenderness to the bilateral lumbar paraspinal musculature and decreased range of motion of the cervical and thoracic spine, pain with inversion and eversion of the bilateral hips. The plan of care was for surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Posterior spinal fusion at L5-S1 with transforaminal lumbar 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): 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. Documentation does not provide evidence of injury to corroborate clinical examination and imaging studies. The requested treatment: Outpatient Posterior spinal fusion at L5-S1 with transforaminal lumbar interbody fusion is NOT Medically necessary and appropriate.

Pre-op medical clearance including medical consult for history and physical: 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-op EKG: 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-op 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: Chem panel; CBC, UA, APTT, PT, Type and Screen: 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.

4 Month Post-op chiropractic therapy 2 x 6 for the lumbar spine: 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: Pain management follow-ups in pain management clinic:
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.