

Case Number:	CM15-0085889		
Date Assigned:	05/12/2015	Date of Injury:	11/06/2013
Decision Date:	06/12/2015	UR Denial Date:	04/02/2015
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 47 year old male, who sustained an industrial injury on 11/6/2013. He reported injury from a fall while lifting bags of cement. The injured worker was diagnosed as having lumbar degenerative disc disease with facet joint hypertrophy and radiculopathy of the bilateral lower extremities-with the right being worse. Bilateral lower extremities electromyography (EMG) showed right radiculopathy. Treatment to date has included epidural steroid injection, acupuncture, chiropractic care, physiotherapy and medication management. In a progress note dated 1/19/2015, the injured worker complains of low back pain, radiating to the bilateral lower extremities. The treating physician is requesting Lumbar Fusion, Bone Graft Pedicle Screw Fixation and Posterior Interbody Fusion and Implants and a Posterior Lateral Decompression Discectomy/Laminectomy Lumbar 3-4 and Lumbar 4-5, 2-3 day inpatient stay, surgical clearance and bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fusion, Bone Graft Pedicle Screw Fixation and Posterior Interbody Fusion and Implants and a Posterior Lateral Decompression Discectomy/Laminectomy L3-4 and L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: Fusion, Bone Graft Pedicle Screw Fixation and Posterior Interbody Fusion and Implants and a Posterior Lateral Decompression Discectomy/Laminectomy L3-4 and L4-5 are not medically necessary and appropriate.

Associated surgical service: 2-3 Day Inpatient Stay: 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: Surgery Clearance: 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: Bone Growth Stimulator: 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.