

Case Number:	CM15-0087179		
Date Assigned:	05/11/2015	Date of Injury:	10/19/2011
Decision Date:	06/19/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/06/2015

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 45-year-old male, who sustained an industrial injury on 10/19/11. He has reported initial complaints of sharp low back pain after carrying a box of meat weighing 90 pounds. The diagnoses have included lumbar sprain/strain, displacement of lumbar intervertebral disc without myelopathy, and status post lumbar decompression with fusion with residuals. Treatment to date has included medications, activity modifications, diagnostics, lumbar surgery in 2013, physical therapy, acupuncture, and epidural steroid injection (ESI) with no relief of symptoms. Currently, as per the physician progress note dated 3/19/15, the injured worker complains of intermittent moderate low back pain with sharp shooting pains and radiation to the left calf. He also reports recurrent migraine headaches. Physical exam of the lumbar spine reveals increased tone and tenderness at the midline thoraco-lumbar junction and over the lumbar facets and right greater sciatic notch. There are muscles spasms noted and decreased sensation to light touch and pinprick on the left side. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 3/26/13 revealed prior posterior laminectomy, intervertebral posterior fusion with screw placement, there is intervertebral disc fusion, disc bulges with foraminal encroachment, and facet joint arthropathy. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 9/13/14 revealed degenerative changes of the lumbar spine with posterior laminectomy noted. There is loculated fluid collection identified posterior to the laminectomy defect. It is unclear if this represents post-operative seroma. Super infection of the fluid collection is not entirely excluded. Computerized axial tomography (CT scan) scan of the lumbar spine dated 3/3/15 reveals prior posterior laminectomy with stable

intervertebral disc fusion. A residual broken intraosseous screw is located within the right L4 pedicle and body is identified. There is also posterior spinal fusion with bone graft noted. There is degenerative endplate sclerosis, calcified peripheral disc bulge, disc osteophytes, foraminal stenosis, and ill -defined lobulated focus of fluid density suggestive of a post-operative lymphocele or seroma. The lumbar spine x-ray dated 9/16/14 revealed a right sided L4 pedicle screw is in place, interbody graft, and posterior fusion. Electromyography (EMG) nerve conduction velocity studies (NCV) of the bilateral lower extremities dated 12/17/14 reveals chronic bilateral radiculopathy. The current medications included Cyclobenzaprine and Omeprazole. The physician noted that the injured worker has had an extensive course of conservative treatment including 20 sessions of physical therapy, 20 sessions of acupuncture and 2 epidural steroid injection (ESI) with no relief of symptoms and that based on the exam findings and pertinent radiographs the physician recommended surgical intervention. The physician requested treatments included anterior lumbar interbody fusion of L4-L5 and L5-S1, associated surgical service: assistant surgeon associated surgical service: vascular surgeon and preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Interbody Fusion of L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. Documentation does not provide any evidence of instability. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. Therefore, the requested treatment is not medically necessary and appropriate.

Associated Surgical Service: 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.

Associated Surgical Service: Vascular 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.

Preoperative Medical 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.