

Case Number:	CM15-0016756		
Date Assigned:	02/05/2015	Date of Injury:	03/03/2014
Decision Date:	06/04/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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: 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 32-year-old male, who sustained an industrial injury on 03/03/2014. He has reported that while he was trying to catch a cabinet he noted immediate pain and pop in the low back and left leg. Diagnoses include discogenic low back pain. Treatment to date has included medication regimen, physical therapy, chiropractic care, and magnetic resonance imaging of the lumbar spine. In a progress note dated 09/08/2014 treating provider reports low back pain that radiates to the left leg with associated numbness and tingling and is rated a seven to nine on a scale of one to ten. The treating physician requested the below listed surgical procedures noting that the injured worker meets all the criteria for these procedures. On 01/12/2015 Utilization Review non-certified the requested treatments of Morselized allograft for lumbar four to five anterior lumbar interbody fusion, per 9/11/14 form, structural allograft for lumbar four to five anterior lumbar interbody fusion, per 9/11/14 form, lumbar four to five anterior lumbar interbody fusion, per 9/11/14 form, lumbar four to five anterior instrumentation, per 9/11/14 form, application of intervertebral biomechanical device(s) at lumbar four to five, per 9/11/14 form, assistant surgeon, per 9/11/14 form, and lumbar corset, per 9/11/14 form, noting the California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines, Low Back Complaints and Official Disability Guidelines, Low Back (updated 11/21/2014).

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Anterior Lumbar Interbody Fusion, L4-5 Anterior Instrumentation, L4-5 Anterior Intervertebral Device and Possible Cancellous Allograft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back, Fusion (spinal).

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 California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. The documentation does not provide this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. Therefore, the request 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: Lumbar Corset: 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.