

Case Number:	CM15-0110289		
Date Assigned:	06/22/2015	Date of Injury:	04/01/2013
Decision Date:	07/23/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/08/2015

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 64 year old male, who sustained an industrial injury on 4/01/2013. Diagnoses include lumbar instability L5-S1 and lumbar radiculopathy. Treatment to date has included mediations including Norco and surgical intervention (cubital tunnel (2001), left shoulder). Magnetic resonance imaging (MRI) of the lumbar spine dated 1/14/2015 revealed chronic bilateral spondylosis L5 with grade 1 spondylolisthesis L5-S1, moderate bilateral foraminal stenosis with chronic disc degeneration. Per the Orthopedic Spine Consultation dated 4/01/2015 the injured worker reported constant, moderate paraspinal low back pain with pain into the buttocks bilaterally. Physical examination revealed moderate paraspinal spasm with decreased lumbar ranges of motion in all planes. There was decreased sensation bilaterally in the L5 distribution and heel and toe walk were performed with difficulty. Straight leg raise was positive bilaterally at 30 degrees. The plan of care included surgical intervention and authorization was requested for anterior lumbar interbody decompression and fusion at L5-S1 with posterior decompression and fusion at L5-S1, assistant surgeon, intraoperative neurophysiology monitoring, inpatient stay x 3 days, 3 in 1 commode, bone growth stimulator, front wheeled walker, lumbar brace, and postoperative physical therapy x 12 for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody decompression and fusion at L5-S1 with posterior decompression and fusion at L5-S1: 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): 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 evidence of instability. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment: Anterior lumbar interbody decompression and fusion at L5-S1 with posterior decompression and fusion at L5-S1 is not medically necessary and appropriate.

Associated surgical service: Three day inpatient hospital 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.

Intra-operative neurophysiology monitoring: 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.

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.

Twelve post-operative physical therapy sessions 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.

Post- operative lumbar brace: 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.

Post-operative 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.

Post-operative 3 in 1 commode: 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.

Post-operative front wheeled walker: 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.