MAXIMUS Federal Services

Case Number:	CM15-0113093		
Date Assigned:	06/19/2015	Date of Injury:	07/19/2012
Decision Date:	07/22/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/11/2015

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 40 year old male with an industrial injury dated 07/19/2012. The injured worker's diagnoses include disc herniation/protrusion of lumbar spine, facet arthropathy/ hypertrophy, and status post left inguinal hernia repair 08/09/2013. Treatment consisted of Magnetic Resonance Imaging (MRI) of the lumbar spine dated 02/06/2015, prescribed medications, physical therapy, lumbar spine epidural injections and periodic follow up visits. In a progress note dated 05/22/2015, the injured worker reported constant moderate and occasionally severe low back pain radiating down legs to his feet with numbness and tingling. Objective findings revealed right antalgic gait, decrease lumbar range of motion, bilateral positive straight leg raises and palpable tenderness and spasm of the paralumbar musculature bilaterally. The treating physician prescribed services for anterior lumbar interbody fusion at L5-S1, pre-operative testing and associated surgical services: thoracolumbosacral orthosis (TLSO) brace /assistant surgeon /In-patient stay, 1-2 days now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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 is not provided which substantiates instability sufficient to recommend fusion. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. Therefore, the request for anterior lumbar interbody fusion at L5-S1 is not medically necessary and appropriate.

Associated surgical service: Durable medical equipment (DME) thoracolumbosacral orthosis (TLSO) 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.

Pre-operative testing: 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: 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: In-patient stay, 1-2 days: 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.