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| Case Number: | CM15-0113171 | | |
| Date Assigned: | 06/19/2015 | Date of Injury: | 07/16/2014 |
| Decision Date: | 07/23/2015 | UR Denial Date: | 06/03/2015 |
| 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 54 year old female who sustained an industrial injury on 7/16/14 when she tried to catch a falling table. She had a lumbar spine pop with instant pain in the lumbar area shooting down the legs. She had a prior back injury when she fell off a horse with L1, L2 fracture which was treated with a fusion and subsequent hardware removal. She currently complains of lumbar pain that radiates into the right thigh, calf and dorsum of the foot with constant burning. She has occasional left thigh, calf and foot pain. Her pain level is 7-8/10. She has non-industrial cervical issues causing balance problems. On physical exam of the lumbar spine there was tenderness on palpation at the L4-5 region, abnormal range of motion due to pain and spasm. Medications are hydrocodone/ acetaminophen 7/5/300mg, gabapentin. Diagnoses include acquired spondylolisthesis; spinal stenosis; kyphosis post laminectomy; scoliosis; bilateral lumbar radiculitis. Treatments to date include bilateral transforaminal steroid injection (11/12/14) which were ineffective; physical therapy which was ineffective; medications. Diagnostics include MRI of the lumbar spine (9/22/14) showing abnormalities. In the progress note dated 1/21/15 the treating provider's plan of care includes requests for surgery, L3-4 discectomy and instrumented arthrodesis, anterolateral and posterior with decompression and instrumentation due to progressive worsening radicular pain, bilateral thigh weakness, numbness, tingling and increased fall risk. In addition a three day inpatient stay, surgical assistant, lumbar brace, front wheel walker and 3 in 1 commode were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 anterolateral discectomy and fusion with instrumentation, L3-4 posterior decompression and instrumented fusion: 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): 305-7.

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 recently. Documentation does not provide evidence of movement on flexion and extension x-rays. 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. Interpretation by radiologist of MRI scan of lumbar spine does not agree with provider's assertions. 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, this request for L3-4 anterolateral discectomy and fusion with instrumentation, L3-4 posterior decompression and instrumented fusion is not medically necessary and appropriate.

Associated surgical service: 3 days 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 Assistant: 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 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.

Associated surgical service: Front Wheel 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.

Associated surgical service: 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.