

Case Number:	CM15-0115455		
Date Assigned:	06/24/2015	Date of Injury:	12/23/1995
Decision Date:	07/24/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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 47 year old male who sustained an industrial injury on 12/23/1995. Mechanism of injury occurred as cumulative trauma from his career as a professional football player. Diagnoses include status post lumbar fusion and post laminectomy syndrome, and status post cervical spine surgery. Treatment to date has included diagnostic studies, medications, surgery, physical therapy, epidural and facet injections, activity modifications, individual and group psychotherapy, residential brain injury rehab, orthotics, ice and heat. Electromyography and nerve conduction study done on 01/28/2015 revealed no electrophysiological evidence of lumbar radiculopathy, electrophysiological evidence of peripheral neuropathy, peroneal neuropathy, tibial neuropathy or other peripheral nerve entrapment. On 01/27/2015 a Magnetic Resonance Imaging of the lumbar spine revealed L2-3 mild to moderate central canal stenosis, stable since prior examination, L3-4 there is moderated central canal stenosis to a slightly greater degree than on prior examination and stable post-surgical changes about the L4-5 interspace with interbody and posterior fusion with decompressive laminectomies. A physician progress note dated 05/22/2015 documents the injured worker complains of pain in the low back, neck and leg. He rates his pain as 5 out of 10. Pain radiates to the right and left leg with weakness and numbness. Cervical spine range of motion is limited and painful, and there is tenderness to palpation of the right and left paraspinals. The thoracic spine has no limitation with range of motion and no tenderness to palpation. The lumbar spine range of motion is limited and painful and there is tenderness to the right and left lumbosacral area. Right and left knees are tender to palpation. Right and left trochanter area is nontender with full range of motion and good

stability. Sitting straight leg raise testing is positive on the right and left. Treatment requested is for Lumbar CT Scan L2-3, L3-4, L5-S1, Lumbar Discogram L2-3; L3-4, L5-S1, previously authorized Lumbar Laminectomy at L2-3 and L3-4 to be altered to ALIF (Anterior Lumbar Interbody Fusion) at L5-S1, and previously authorized Lumbar Laminectomy at L2-3 and L3-4 to be altered to XLIF (Extreme Lateral Interbody Fusion) at L2-3 and L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar CT Scan L2-3, L3-4, L5-S1: 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.

Lumbar Discogram L2-3, L3-4, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Discography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 304-305.

Decision rationale: The California MTUS guidelines do not recommend diskography as a preoperative indication for fusion. They note that concordance of symptoms is of limited diagnostic value and are inaccurate in the face of abnormal psychological tests and should be avoided. Documentation shows a positive review of systems for anxiety and depression. The requested treatment: Lumbar Discogram L2-3, L3-4, L5-S1 is not medically necessary and appropriate.

Previously authorized Lumbar Laminectomy at L2-3 and L3-4 to be altered to ALIF (Anterior Lumbar Interbody Fusion) at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 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. Since the requested treatment previously authorized Lumbar Laminectomy at L2-3 and L3-4 to be altered to ALIF (Anterior Lumbar Interbody Fusion) at L5-S1 is not medically necessary and appropriate, then the requested treatment: ALIF (Anterior Lumbar Interbody Fusion) at L5-S1 is not medically necessary and appropriate.

Previously authorized Lumbar Laminectomy at L2-3 and L3-4 to be altered to XLIF (Extreme Lateral Interbody Fusion) at L2-3 and L3-4: 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.