

Case Number:	CM15-0115686		
Date Assigned:	06/29/2015	Date of Injury:	05/23/2012
Decision Date:	07/28/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/15/2015

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:

This 44 year old male sustained an industrial injury to the back and legs on 5/23/12. Previous treatment included magnetic resonance imaging, physical therapy, epidural steroid injections, medial branch blocks, home exercise and medications. Magnetic resonance imaging lumbar spine (2/10/15) showed L1-S1 disc desiccation with L5-S1 and L4-5 central disc bulge. In a PR-2 dated 5/11/15, the injured worker complained of left back pain and left posterior buttock pain radiation down the posterior thigh to the knee. Physical exam was remarkable for mild tenderness to palpation of the lower lumbar spine and left hamstring with positive left straight leg raise and decreased motor strength to the left lower extremity with normal sensation and intact deep tendon reflexes throughout. The injured worker exhibited a brisk gait with good coordination. The injured worker could heel-toe walk without difficulty. Current diagnoses included lumbar spine sprain/strain, L4-5 spondylosis with annular tear, L5-S1 spondylosis with disc bulge, lumbar discogenic low back pain and left hamstring tendinitis. The physician noted that the injured worker's pain was long standing and unremitting despite numerous noncertified-operative measures. The physician recommended surgery to decrease pain and increase function. The treatment plan included posterior interbody arthrodesis at left L4-5, L5-S1, posterior lumbar arthrodesis at left L4-5, L5-S1, with application of intervertebral biomechanical device (x 2), allograft and posterior segmental instrumentation and continuing with pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior interbody arthrodesis at left L4-5, L5-S1, posterior lumbar arthrodesis at left L4-5, L5-S1, with application of intervertebral biomechanical device (x 2), allograft and posterior segmental instrumentation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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. Therefore, the request for posterior interbody arthrodesis at left L4-5, L5-S1, posterior lumbar arthrodesis at left L4-5, L5-S1, with application of intervertebral biomechanical device (x 2), allograft and posterior segmental instrumentation is not medically necessary and appropriate.

Associated surgical service: Back 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: Bone growth stimulator with fitting; electrical stimulation for bone healing: 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.

Surgery clearance: 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 labs: 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 EKG: 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 chest x-rays: 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.