

Case Number:	CM15-0116895		
Date Assigned:	06/25/2015	Date of Injury:	09/19/2012
Decision Date:	07/27/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/17/2015

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 37 year old male, who sustained an industrial injury on 9/19/12. The injured worker has complaints of lumbar spine pain with intermittent bilateral radicular symptoms in his lower extremities. The documentation noted that there is tenderness to palpation bilateral lumbar spine with positive bilateral straight leg raise with the right greater than the left. The diagnoses have included lumbosacral strain/arthrosis/discopathy with central foraminal stenosis and left testicular pain with swelling. Treatment to date has included injections; home exercise program; physical therapy; water therapy; acupuncture; medications; epidural injections; X-rays of the lumbar spine showed significant rotation of the L5 relative to S1 (sacroiliac) with foraminal stenosis at the L5-S1 (sacroiliac) that gets worse with extension; magnetic resonance imaging (MRI) of the lumbar spine showed foraminal stenosis at the bilateral L5-S1 (sacroiliac), as well as the L4-L5 and electromyography/nerve conduction study of the lower limbs consistent with bilateral L4 and L5 nerve root impingement, chronic, mild. The request was for laminectomy posterior spinal fusion with instrumentation post lateral interbody fusion at L4-L5 and L5-S1 (sacroiliac); inpatient hospital stay for 5 days; assistant surgeon; commode 3 in 1; front wheel walker and custom molded thoracolumbosacral orthosis brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy posterior spinal fusion with instrumentation post lateral interbody fusion at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion Pre-Operative Surgical Indications.

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. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. Therefore, this request for laminectomy posterior spinal fusion with instrumentation post lateral interbody fusion at L4-L5 and L5-S1 is not medically necessary and appropriate.

Associated surgical service: Inpatient hospital stay for 5 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.

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: Commode 3 in 1: 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: Custom molded TLSO (thoracolumbosacral orthosis) 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.