

Case Number:	CM15-0119361		
Date Assigned:	07/01/2015	Date of Injury:	05/01/2010
Decision Date:	07/30/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

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: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic 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 51 year old male, who sustained an industrial injury on 9/23/2010. He reported low back pain, with radiation to his mid back and neck, while moving a heavy hydraulic pump. The injured worker was diagnosed as having anterior posterior cervical fusion, L3-S1 disc herniations, normal post-concussive syndrome, right middle trigger finger, right ring finger contracture, overuse syndrome of bilateral upper extremities, right carpal tunnel syndrome clinically (positive electromyogram 5/2014), and left carpal tunnel release. Treatment to date has included diagnostics, cervical fusion (2013), injections, therapy, left carpal tunnel release (4/07/2015), mental health treatment, and medications. Many documents within the submitted medical records were difficult to decipher. Currently, the injured worker complains of constant cervical and lumbar pain. He also reported radiation of pain to his upper and lower extremities. Magnetic resonance imaging and computerized tomography of the cervical spine were referenced, along with magnetic resonance imaging of the lumbar spine. Urine toxicology reports (11/20/2014 and 4/30/2015) were negative for all tested substances. The treatment plan included L4-S1 PSFD (posterior spinal fusion and decompression), with bilateral L3-4 decompression, and electromyogram and nerve conduction studies for the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 PSFD BL L3-4 Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapters.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 states that lumbar fusion, Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptoms. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this particular patient there is lack of medical necessity for lumbar fusion as there is no evidence of segmental instability greater than 4.5 mm, in the imaging submitted. Therefore the determination is not medically necessary for lumbar fusion.

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck.

Decision rationale: CA MTUS/ACOEM is silent on the issue of EMG/NCV testing. According to the ODG, neck, EMG can be used in select cases when cervical radiculopathy is suspected. It is reasonably sensitive and specific. In this case there is no evidence of neurologic deficits in the cited records from 1/22/15 to warrant NCS or EMG. Therefore the determination is not medically necessary.