

Case Number:	CM15-0121762		
Date Assigned:	07/02/2015	Date of Injury:	08/19/2013
Decision Date:	07/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/23/2015

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 33 year old female who sustained an industrial injury on 8/19/13. She had complaints of low back pain. Treatments include medications, physical therapy, work modifications and steroid injections. Progress note dated 5/27/15 reports continued complaints of incapacitating back pain and bilateral pain and numbness down her lower extremities. Diagnoses include: musculoligamentous sprain/strain lumbar spine, grade II spondylitic/spondylolisthesis L5/SI and motor and sensory L5-SI radiculopathy. Work status is total temporary disability. Plan of care includes: anterior column support, surgical treatment is indicated, request for surgical authorization for anterior lumbar decompression/interbody stabilization L5-SI with a possible posterior lumbar instrumentation and stabilization procedure L5-SI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Decompression/Interbody Stabilization at L5/S1 with a Posterior Lumbar Instrumentation and Stabilization procedure to L5/S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 305307.

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 verified according to the documentation. Her provider states that the Grade 11 spondylolisthesis reduces to Grade 1 but no radiology reports are included and no measurements. 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. Documentation does not provide this evidence. 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. The requested treatment: Anterior Lumbar Decompression/Interbody Stabilization at L5/S1 with a Posterior Lumbar Instrumentation and Stabilization procedure to L5/S1 is not medically necessary and appropriate.

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: 3 day 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.

Purchase of Post-op LSO: 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.