

Case Number:	CM15-0122251		
Date Assigned:	07/06/2015	Date of Injury:	03/26/2008
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/24/2015

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 54 year old male with an industrial injury dated 02/14/1995. His diagnoses included central disk degeneration lumbar 4-5, disk space collapse lumbar 5-sacral 1, stenosis lumbar 5-sacral 1 and severe lumbar 5 femoral stenosis and radiculopathy. Prior treatment included multiple steroid injections, physical therapy and median branch blocks. In progress note dated 08/06/2014 the provider documents the injured worker has failed non-operative care and would like to proceed with surgery. The provider documents the injured worker's quality of life was severely diminished. Lumbar surgery and associated services was requested at that time. In the most recent progress note available dated 02/24/2015 the provider notes "we have been trying to get his surgery scheduled for many months now." The provider also documents none of the treatments have given any long-term relief. Physical exam noted the injured worker was neurologically intact and able to do a few steps of heel walk and toe walk. Tandem gait was normal (10/28/2014 note). In the 08/06/2014 note lumbar MRI is documented as showing isthmic spondylolisthesis at lumbar 5-sacral 1 with 90% disk space collapse with modic endplate changes and severe foraminal stenosis compressing the lumbar 5 nerve root. There was also a posterior disk protrusion at lumbar 4-5 which caused some borderline stenosis. The formal report is not in the submitted records. The treatment request is for transforaminal lumbar interbody fusion at lumbar 4-5, anterior lumbar interbody fusion at lumbar 5-sacral 1 minimal invasive lumbar 4-5 laminectomy, spinal fusion at lumbar 4-sacral 1 with associated surgical services of assistant surgeon, bone stimulator purchase, neuro monitoring and periop.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar interbody fusion at L4-L5, anterior lumbar interbody fusion at L5-S1 min invasive L4-L5 laminectomy, spinal fusion at L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: 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 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. The requested treatment: Transforaminal lumbar interbody fusion at L4-L5, anterior lumbar interbody fusion at L5-S1 min invasive L4-L5 laminectomy, spinal fusion at L4-S1 is not medically necessary and appropriate.

Associated surgical service: Bone stimulator purchase: 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: Neuromonitoring: 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: Periop: 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.