

Case Number:	CM15-0123709		
Date Assigned:	07/08/2015	Date of Injury:	05/20/2013
Decision Date:	08/05/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/26/2015

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 55 year old male who sustained an industrial injury on May 20, 2013. He has reported injury to the neck, left shoulder, and low back and has been diagnosed with cervicalgia, lumbago, lumbar radiculopathy, lumbar disc protrusion, lumbar facet dysfunction, knee pain with degenerative joint disease, bilateral greater trochanteric bursitis, and shoulder impingement. Treatment has included medications, injections, chiropractic care, and physical therapy. Straight leg raise test was positive. Facet loading and Spurling's test were positive. There was weakness noted with left hip flexion. There was tenderness to palpation over the cervical paraspinal muscles, upper trapezius muscle, scapular border, lumbar paraspinal muscles, and bilateral greater trochanteric bursa. The right knee was positive for crepitus. Cross arm and Hawkins tests were positive on the left shoulder. The treatment request included surgery, pre-operative clearance, physical therapy, psychologist/psychiatrist evaluation, and an inpatient hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 and L5-S1 anterior lumbar interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209 - 211. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127, as well as the Official Disability Guidelines (ODG), Low Back chapter, Online Version.

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, the request for L4-L5 and L5-S1 anterior lumbar interbody fusion is not medically necessary and appropriate.

Pre-operative medical clearance with an internist: 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.

Post-operative physical therapy, 24 visits: 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: Psychologist/psychiatrist evaluation: 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: inpatient hospital stay, two to three 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.