

Case Number:	CM15-0127752		
Date Assigned:	07/14/2015	Date of Injury:	08/31/2012
Decision Date:	08/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	07/01/2015

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 36 year old female who sustained a work related injury August 31, 2012. She lifted a 30 pound box from a leaning position while twisting and developed low back pain. According to a physician's clinic notes, dated May 26, 2015, the injured worker presented with low back pain radiating to her bilateral lower extremities with numbness and tingling. The pain is relieved when lying down or when sitting with her legs elevated. Past treatments included; physical therapy, epidural steroid injections x 2, numerous medications without improvement, and pain management intervention. Diagnosis was documented as L5-S1 herniated disc. She has been taking Norco for pain and since September, 2014, has not been authorized for lumbar surgery. She returned for a follow-up visit and refill of her medications. She is chronic axial back pain radiating down both legs. Her pain has been controlled better with Percocet than with Norco. She denies leg weakness but the legs feel numb. There is no loss of bowel control but she still has problems with urination (not specified). She reports an elevated blood pressure due to pain and is on Benicar. Physical examination of the lumbar spine revealed; lateral flexion left 10 degrees, rotation right and left 60 degrees, range of motion produces moderate pain, flexion 20 degrees. Assessment is documented as displacement of lumbar intervertebral disc without myelopathy. At issue, is the request for authorization for an anterior lumbar interbody fusion at L5-S1, 2 day in-patient stay, co-assistant, and pre-operative chest x-ray, electrocardiogram, and labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

ALIF at L5-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): 305-307.

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. The requested treatment: ALIF at L5-S1 is not medically necessary and appropriate.

Associated Surgical Service: Co-assistant: 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: 2 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.

Associated Surgical Service: Pre op EKG: 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: Pre op Chest X-ray: 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: Pre-op Labs: 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.