

Case Number:	CM15-0128348		
Date Assigned:	07/20/2015	Date of Injury:	07/30/2014
Decision Date:	08/18/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/03/2015

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 31 year old male who sustained an industrial injury on 07/30/2014. Mechanism of injury was cumulative from leaning over a sink at work all day. Diagnoses include chronic intractable lower back pain, lumbar spondylosis and retrolisthesis most notable at L5-S1 with significant disc collapse as well as moderated L5 foraminal stenosis as well as a 5/2mm of retrolisthesis at L5-S1, most likely cause of back pain. Treatment to date has included diagnostic studies, medications, epidural steroid injections, physical therapy, home exercises, and chiropractic sessions. On 09/25/2014 a Magnetic Resonance Imaging of the lumbar spine showed multilevel degenerative findings with mild to moderate right neural foraminal narrowing at L4-5 and L5-S1 level caused by a combination of facet hypertrophy and right eccentric-lateral disc bulges. An addendum was added and signed on 11/18/2014 showing mild retrolisthesis at L5-S1 with moderate disc space narrowing and endplate, and degenerative signal changes. X-rays of the lumbar spine done on 07/30/2014 showed moderate dextroscoliosis and mild to moderate degenerative changes at L4-5. On 10/22/2014 lumbar x rays showed Grade 1 retrolisthesis of L3-L4 which persists on the flexion and extension views. There is minimal retrolisthesis of L2 on L3 and on the neutral and extension views. There is mild dextroscoliosis of the thoracolumbar spine. His medications include Tramadol and Flexeril. A physician progress note dated 06/04/2015 documents the injured worker complains of severe low back pain and right leg pain with associated numbness, weakness and loss of bowel and bladder function, but he is constipated from taking the pain medications. Lumbar range of motion is restricted and there is severe pain on palpation of the lower lumbar spine. He has a positive straight leg raise

on the right. He has diminished light touch in the S1 dermatomes. Treatment requested is for anterior lumbar interbody fusion L5-S1, Associated Surgical Service: Assistant surgeon, Associated Surgical Service: Bone growth stimulator and fitting, Associated Surgical Service: Chest x-ray, Associated Surgical Service: EKG, Associated Surgical Service: Lumbar back brace, Associated Surgical Service: Medical clearance with labs, Associated Surgical Service: Two day inpatient hospital stay, Associated Surgical Service: Vascular co-surgeon, Colace 100mg #60 with one refill, Unknown prescription of Flexeril, and Unknown prescription of Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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. The requested treatment: Anterior lumbar interbody fusion L5-S1 is not medically necessary and appropriate.

Associated Surgical Service: Medical clearance with 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.

Associated Surgical Service: Vascular co-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: 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: Two day inpatient hospital 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: 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: 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: Lumbar back brace: 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: Bone growth stimulator and fitting: 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.

Unknown prescription of Tramadol: 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.

Unknown prescription of Flexeril: 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.

Colace 100mg #60 with one refill: 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.