

Case Number:	CM15-0129632		
Date Assigned:	07/16/2015	Date of Injury:	11/29/2014
Decision Date:	08/17/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/06/2015

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 49 year old male who sustained an industrial /work injury on 11/29/14. He reported an initial complaint of back pain. The injured worker was diagnosed as having lumbago and chronic degenerative disc pain syndrome. Treatment to date includes medication, diagnostics, and physical therapy. MRI results were reported on 3/17/14 of the lumbar spine that reported right, left foraminal encroachment at L5-S1. Currently, the injured worker complained of severe low back pain that shoots down the legs when bending. Per the orthopedic report on 5/26/15, exam noted decreased lumbar range of motion with pain, passive extension of each leg to 70 degrees reproduces low back pain, and absent lower extremity reflexes. Current plan of care included surgery (anterior lumbar interbody fusion at L5-S1 with spacer, allograft, and plating followed by posterior lumbar fusion at L5-S1 with interspinous fixation and brace. The requested treatments include Anterior lumbar interbody fusion at L5-S1 with spacer, allograft, and plating, followed by posterior lumbar fusion at L5-S1 with interspinous fixation, doctor to assist, External bone stimulator, and TLSO (thoracic-lumbosacral orthosis) brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion at L5-S1 with spacer, allograft, and plating, followed by posterior lumbar fusion at L5-S1 with interspinous fixation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 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 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 interbody fusion at L5-S1 with spacer, allograft, and plating, followed by posterior lumbar fusion at L5-S1 with interspinous fixation is not medically necessary and appropriate.

Doctor to assist: 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.

External bone stimulator: 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.

TLSO 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.