

Case Number:	CM15-0039763		
Date Assigned:	03/10/2015	Date of Injury:	02/18/2010
Decision Date:	04/15/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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 44 year old male, who sustained an industrial injury on 2/18/2010. He has reported cumulative trauma involving the back after a slip and fall down some stairs. The diagnoses have included chronic lumbago with increasing right L4 radiculopathy with spondylosis, grade 1-2 unstable L4-5 spondylolisthesis with L4 foraminal stenosis. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), physical therapy, however, it was documented that the physical therapy had been completed several years prior. Currently, the IW complains of back pain associated with right leg radicular pain, noted to be chronic and gradually worsening. The PR-2 dated 12/10/14 documented radiographic images taken 11/5/14 revealed forward flexion images significant for L4-5 spondee measuring 14.34 millimeters. The plan of care included an L4-5 laminectomy, Transforaminal Lumbar Interbody Fusion (TLIF) and Posterior Spinal Fusion (PSF).

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 laminectomy, transforaminal lumbar interbody fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 7, pages 305-308, under surgical consideration for E: lumbar fusion.

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

Decision rationale: The California MTUS guidelines do state that spinal fusion may be indicated in traumatic vertebral fracture, dislocation and instability. This patient's lumbar spine films do not indicate instability although there is spondylolisthesis. Guidelines also note there should be clear clinical, imaging and electrophysiological corroboration of the existence of a lesion known to respond both in the short and long term to surgical repair. Documentation does not provide this evidence. L4-5 laminectomy, transforaminal interbody fusion is not medically indicated and appropriate.

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: raised toilet seat: 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: cold therapy unit: 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.