

Case Number:	CM15-0064004		
Date Assigned:	04/10/2015	Date of Injury:	10/26/2013
Decision Date:	05/13/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	04/03/2015

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 57 year old male, who sustained an industrial injury on October 26, 2013. He reported low back pain, knee pain and right foot pain. The injured worker was diagnosed as having other and unspecified disc disorder, lumbar region and lumbosacral disc degeneration. Treatment to date has included diagnostic studies, lumbar steroid injection, conservative treatments, medications and work restrictions. Currently, the injured worker complains of right foot pain and low back pain with numbness down the left leg. Evaluation on September 16, 2014, revealed continued pain. PR2 of 1/23/15 indicated he had 50% back pain, 50% knee pain with negative straight leg raising tests. MRI scan had shown degenerative disc disease with lumbar facet arthrosis. Surgical intervention was discussed for the low back. It was noted the knee would not require surgery at this time. Surgical intervention of the lumbar spine, pre-surgical clearance and an ergonomic evaluation was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar) L4-L5, L5-S1 Posterior Spinal Instrumentation and Fusion with Transforaminal Lumbar Interbody Fusion Interbody Graft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

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 California MTUS guidelines note that surgical consultation is indicated if the patient has persistent, severe and disabling lower extremity symptoms. The documentation shows this patient has been complaining of pain in the knee and back. Documentation does not disclose disabling lower extremity symptoms. The guidelines also list the criteria for clear clinical, imaging and electrophysiological evidence consistently indicating a lesion which has been shown to benefit both in the short and long term from surgical repair. Documentation does not show this evidence. The requested treatment is for a lumbar interbody fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. The requested treatment: (lumbar) L4-L5, L5-S1 Posterior Spinal Instrumentation and Fusion with Transforaminal Lumbar Interbody Fusion Interbody Graft are not medically necessary and appropriate.

Pre-Operative (History & Physical): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Perioperative protocol: Institute for Clinical Systems Improvement (ICSI) URL (<http://www.guidelines.gov/content.aspx?id=48408>).

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.

Pre-Operative Labs: CBC (complete blood count), BMP (basic metabolic panel), UA (urinalysis), PT/PTT (prothrombin time/ partial thromboplastin time), EKG (electrocardiogram): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter - preoperative lab testing.

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.

Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - preoperative testing, general.

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.