

Case Number:	CM15-0064931		
Date Assigned:	04/13/2015	Date of Injury:	03/28/2011
Decision Date:	05/13/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/06/2015

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 47 year old male, who sustained an industrial injury on 3/28/2011, due to cumulative trauma to the back, spine, bilateral lower extremities, and hips, from repetitive stress and strain of employment. He reported back pain while lifting heavy irrigation pipes. The injured worker was diagnosed as having lumbar stenosis with neurogenic claudication and lumbar disc displacement with radiculopathy. Treatment to date has included diagnostics, physical therapy, chiropractic, and medications. He previously declined interventional pain management or surgical intervention and had become depressed. The PR2 report, dated 8/28/2014, noted that he wanted to be returned to his real state but was not doing any real exercise and was not looking for work. Consultation report, dated 9/11/2014, noted recommendation for surgical intervention, and the injured worker needed time to think about it. Magnetic resonance imaging of the lumbar spine on 12/16/2014 was noted. Currently, the injured worker complains of back and leg pain. Medications included Ultracet. The treatment plan included a transforaminal lumbar interbody fusion L3-4, 3 day inpatient stay, assistant surgeon, and Aspen LSO brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Interbody Fusion (TLIF), Decompression at (Lumbar) L3-L4 & L4-L5, Bilateral Discectomy & Facetectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-306.

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 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: Transforaminal Lumbar Interbody Fusion (TLIF), Decompression at (Lumbar) L3-L4 & L4-L5, Bilateral Discectomy & Facetectomy Is NOT Medically necessary and appropriate.

Associated surgical services: Aspen LSO (lumbosacral) Lumbar Brace L0637: 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 - Back brace, post-operative (fusion).

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 services: 3 Day Inpatient Hospital Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hospital Length of Stay (LOS) Guidelines.

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.

Assistant Surgeon - PA (physician assistant): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics - URL (<http://www.aaos.org/about/papaers/position/1120.asp>).

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.