

Case Number:	CM15-0065403		
Date Assigned:	04/21/2015	Date of Injury:	11/18/2009
Decision Date:	05/19/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/07/2015

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 64-year-old male patient who sustained an industrial injury on 11/18/2009. A progress note dated 03/16/2015 reported the patient with subjective complaint of lower back and right lower extremity pains. Of note, the patient had received authorization for postoperative physical therapy session, but not for the actual procedure. In addition, he has had difficulty obtaining any medications secondary to being denied services. Current medications are: Norco, Prilosec, and Naprosyn. He is diagnosed with degenerative disc disease at all levels of lumbar spine plus facet spondylosis, annular disc disruptions, lumbosacral spondylosis, displaced intervertebral disc, arthrodesis, nonunion of fracture, thoracolumbar neuritis/radiculitis, and moderate obesity associated with hypertension, and diabetes. The plan of care involved: recommending the combined anterior, posterior decompression, and fusion. Previous diagnostic testing to include: radiography study, magnetic resonance imaging, nerve conduction study. A follow up visit dated 09/02/2014 reported no change in diagnoses, plan of care or medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Discectomy, Partial Corpectomy and Fusion at L5-S1, L4-5, L3-4 and Possibly L2-3 with Placement of Segmental Cage/Plate Device and Iliac Crest Bone Graft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM 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 right leg 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 evidence this is the case. The requested treatment is for an anterior discectomy, partial corpectomy and fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. Therefore, the request is not medically necessary.

Exploration of Previous Fusion at L4-5 And L5-S1 with Hardware Removal, Decompressive Laminectomy from L2 to the Sacrum with Segmental Pedicle Screw Hardware and Right Iliac Crest Graft, Plus Possible Interbody Fusion At L2-3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion-hardware removal.

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 right leg 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 evidence this is the case. The requested treatment is for an anterior discectomy, partial corpectomy and fusion. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. The ODG guidelines note that hardware removal is indicated if the hardware is broken, infected or shown to be the pain generator. Documentation has not shown this. Therefore, the request is not medically necessary.

Associated Surgical Service: Evaluation with Cardiologist for Medical Clearance: 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.

Post-Operative Physical Therapy (12-sessions for the lumbar spine): 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.