

Case Number:	CM15-0066131		
Date Assigned:	04/13/2015	Date of Injury:	03/15/2010
Decision Date:	05/22/2015	UR Denial Date:	03/04/2015
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 41 year old male who sustained an industrial injury on 06/15/10. Initial diagnoses and complains are not available. Treatments to date include medications, chiropractic care, acupuncture, and injections. Diagnostic studies include nerve conduction studies, as well as x-rays, a CT scan, and a MRI of the lumbar spine. Current complaints include low back pain. Current diagnoses include spondylolisthesis with spondylosis, and radiculopathy. In a progress note dated 02/02/15 the treating provider reports the plan of care as current pain management, a psych consultation, and a spinal fusion. The requested treatment is a spinal fusion with associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal Fusion L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (spinal).

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

Decision rationale: 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. 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 California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has evidence of conflicting opinions regarding instability. The provider opines he has a grade IV spondylolisthesis and the radiologist's report is grade three which is unchanged over at least a two year interval. No report from flexion or extension views is found. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment: Spinal Fusion L4-L5 and L5-S1 is NOT Medically necessary and appropriate.

Associated surgical service: Length of Stay (LOS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (spinal).

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.