

Case Number:	CM15-0078486		
Date Assigned:	04/29/2015	Date of Injury:	06/28/2004
Decision Date:	06/12/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/23/2015

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 49-year-old male who sustained an industrial injury on 6/28/2004. His diagnoses, and/or impressions, included: lumbar disc bulges with partial annular tear, mild facet arthropathy and decreased height, spondylitic changes, facet hypertrophy, facet tropism, and radicular complaints - status-post lumbar laminectomy (2005); left leg pain, back pain, lumbar disc disease with radiculopathy, hypertension, asthma, thyroid stimulating hormone abnormality, abnormal electrocardiogram, and opioid type dependence with onset of 4/27/2015; and neuralgia. Recent magnetic resonance imaging studies of the lumbar spine are stated to have been done on 3/20/2015. Recent electromyogram and nerve conduction studies are noted to have been done on 4/2/2015. His treatments have included lumbar laminectomy (2005); physical therapy; a return to full work duties; and medication management. Progress notes of 4/3/2015 reported worsening lumbar spine complaints and difficulty performing his usual activities; failed response to conservative therapies; and findings on diagnostic studies that his condition is not likely to improve without surgical intervention. The physician's requests for treatments were noted to include anterior lumbar decompression and stabilization surgery, and a "TLSO" brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Decompression and Stabilization at L3, L4, L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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 guidelines note that the efficacy of fusion in the absence of instability has not been proven. 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. Documentation does not contain this evidence. MRI scan of lumbar spine only shows disc bulging. 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. Therefore, the requested treatment is not medically necessary and appropriate.

Associated Surgical Service: TLSO Brace: 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.