

Case Number:	CM15-0091192		
Date Assigned:	05/15/2015	Date of Injury:	12/05/2013
Decision Date:	06/17/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/12/2015

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 (IW) is a 44-year-old male who sustained an industrial injury on 12/05/2013. Diagnoses include discogenic back pain and annular tear. Treatment to date has included medications, epidural steroid injections, trigger point injections, physical therapy, acupuncture and chiropractic care. Diagnostics to date have included x-rays, MRIs and electrodiagnostic testing (EMG). An MRI (no date given) showed a mild annular tear at L4-L5 with disc desiccation at that level and the EMG (also not dated) was normal. According to the progress notes dated 3/20/15, the IW reported ongoing back pain and left leg radicular symptoms for greater than one year. On examination, range of motion of the back created discomfort; straight leg raise was positive on the left both sitting and supine; and there was decreased sensation in the lateral aspect of the left calf. A request was made for lateral and anterior lumbar interbody fusion, pre-op clearance, co-surgeon and posterior pedicle screw fixation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative 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.

Associate Surgical Service: Co- Surgeon: 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.

Lateral and Anterior Lumbar Interbody Fusion, Posterior Pedicle Screw Fixation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Fusion (spinal).

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 provide such evidence. The guidelines note the patient would have failed a trial of conservative therapy. Documentation does not provide such evidence. 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.