

Case Number:	CM15-0093056		
Date Assigned:	05/19/2015	Date of Injury:	08/08/2005
Decision Date:	06/18/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/14/2015

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 62-year-old male, who sustained an industrial injury on 08/08/2005. Diagnoses included spondylolisthesis, lumbar stenosis, facet arthropathy, pars defect and radiculopathy. According to a progress report dated 04/23/2015, the injured worker presented for a follow up to review his CT myelogram. He had a prior instrumented fusion from L4 to S1. He complained of increasing pain, numbness and weakness that radiated down into the legs. Physical examination was noted as unchanged. The CT myelogram showed spondylolisthesis of L2 on L3 and L3 on L4 resulting in significant stenosis. There was underlying congenital short pedicle syndrome. There was neural foraminal narrowing as well. The provider believed that the injured worker had developed some degree of instability at the adjacent segments, namely at L2-3 and L3-4. Surgical options were discussed and the provider submitted an authorization request for surgery. Currently under review is the request for L2-L4 transforaminal lumbar interbody fusion, PSI, L4-S1 remove and exploration and L2-S1 PSF, surgical assistant, inpatient stay x 4 days, postoperative physical therapy x 8 to the lumbar spine and postoperative durable medical equipment purchase that included 1 box island bandage, external bone growth stimulator and lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-L4 Transforaminal Lumbar Interbody Fusion, PSI, L4-S1 Remove and Exploration and L2-S1 PSF: 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) Treatment Index, 13th Edition (web), 2015, Back Chapter, Fusion (spinal).

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 objectively displayed since his lumbar L4-5, L5-S1 transforaminal and posterior fusions with instrumentation. The MRI scan reports a solid interbody fusion with no hardware problems. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The ODG guidelines do not recommend hardware removal unless it is broken, infected or found to be the cause of pain. No evidence is provided to support these reasons. 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 shows the presence of a peroneal neuropathy, not a radiculopathy. Complaints are not correlated with imaging findings. The guidelines note the patient would have failed a trial of conservative therapy. Documentation does not show what measures have been instituted in his post-operative course to treat his symptoms short of analgesics. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The failure of his surgery to relieve his complaints and his accusations toward his provider should provide red flags to suggest further investigation since the post-operative CT myelogram did not disclose major pathology. Therefore, the requested treatment is not medically necessary and appropriate.

Surgical Assistant: 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.

Associated Surgical Service: Inpatient Stay (4-days): 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 for the Lumbar Spine (8-sessions): 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 DME Purchase: Island Bandage (1 box): 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 DME Purchase: External Bone Growth Stimulator: 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 DME Purchase: Lumbar 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.