

Case Number:	CM15-0093242		
Date Assigned:	05/19/2015	Date of Injury:	09/13/2003
Decision Date:	06/18/2015	UR Denial Date:	04/24/2015
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 54-year-old male, who sustained an industrial injury on 09/13/2003. He reported that he jumped from a truck at a height of 5 feet, but slipped as he jumped causing him to land awkwardly on the concrete. He noted a crack to the low back with immediate pain that radiated to the lower back to the feet. The injured worker was diagnosed as having status post fusion at lumbar four to sacral one and lumbar two to three and lumbar three to four disc bulges with short pedicles, facet disease, and spinal stenosis. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, and lumbar fusion in 2007. In a progress note dated 04/10/2015 the treating physician reports bilateral lower lumbar tenderness, an abnormal straight leg raise to the left lower extremity, bilateral negative Plantar, Ankle Clonus, and Hoffman reflexes. The injured worker has complaints of pain to the left thigh and calf with difficulty ambulating significant distances. Recent magnetic resonance imaging with then date unknown was reviewed by the treating physician as revealing for scarring at lumbar five to sacral one, bony fusion solid at lumbar five and sacral one with above facet disease at lumbar two to three and lumbar three to four, disc injury and retrolisthesis at lumbar three to four, ligament thickening with retrolisthesis and disc bulge at lumbar two to three with noted stenosis productions. The treating physician requested an anterior lumbar discectomy and fusion at lumbar two to three and lumbar three to four with cage and allograft, removal of old pedicle screws with interspinous fixation and fusion at two to three and three to four due to the abnormal magnetic resonance imaging and that the injured worker is young but cannot ambulate for significant distances. The treating physician also requested the associated services of pre-

operative laboratory studies of complete blood count, basic metabolic panel, partial thromboplastin time (PTT), prothrombin time (PT), and urinalysis; pre-operative chest x-ray; pre-operative electrocardiogram; post-operative thoracic-lumbar-sacral orthosis brace; post-operative front wheeled walker; and an inpatient length of stay of three days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Discectomy and Fusion at L2-3 and L3-4 with Cage and Allograft, Removal of old Pedicle Screws with Interspinous Fixation and Fusion at 2-3 and 3-4:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back - 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 Chapter-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 since his successful lumbar fusions according to this documentation. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The ODG guidelines do not recommend removal of hardware unless it is broken, infected or the cause of pain. None of these has been proven according to the documentation. Therefore, the requested treatment is not medically necessary and appropriate.

Pre-Operative Labs: CBC, BMP, PT, PTT and UA: 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: 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.

Post-Operative DME Purchase: Front Wheeled Walker: 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.

Inpatient Stay (3-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.

Pre-Operative Chest X-Ray: 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.

Pre-Operative EKG: 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.