

Case Number:	CM15-0097963		
Date Assigned:	05/29/2015	Date of Injury:	08/15/2007
Decision Date:	07/01/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/20/2015

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 58 year old female, who sustained an industrial injury on 8/15/07. She reported initial complaints of neck; shoulder; hands and back. The injured worker was diagnosed as having cervical sprain; degenerative disc disease cervical spine; lumbosacral strain; degenerative disc disease lumbar spine. Treatment to date has included status post left shoulder surgery (2/14/09); physical therapy; chiropractic care; medications. Diagnostics included MRI lumbar spine (7/21/12); MRI cervical spine. Currently, the PR-2 notes dated 3/19/15 indicated the injured worker is in the office on this date as a follow-up evaluation for surgical consideration and authorization. She was seen by her primary treating physician on 3/2/15 and no additional testing was performed. She is not receiving physical therapy or chiropractic care at this time and taking hydrocodone for pain control. She has a scheduled court date 3/26/15. She complains of constant low back pain rated at 7/10. She states standing, bending, carry grocery bags, and similar activities exacerbate her pain. However, lying down and resting as well as taking her pain medication and applying heat to the low back all help relieve the pain. She also complains of neck pain that is rated 6/10 that is exacerbated by looking up or down, moving her head sideways as well as folding clothes. Lastly she complains of intermittent right shoulder pain and bilateral hand pain rated 7/10. On physical examination the right shoulder has tenderness in the subacromial area. There is some limited range of motion and can abduct to 120 degrees. She has tenderness in the lower back with decreased range of motion. The straight leg raise test is positive on the left with radiation into the thigh. The provider's treatment plan documents the injured worker has severe degenerative disc disease at L5-S2. She has decreased range of motion

of the back and radicular symptoms in both legs. She has had extensive conservative treatment with no improvement. He recommends and is requesting authorization of a decompression and fusion surgery at L5-S1 level and pre-operative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression and fusion surgery at L5-S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 requested treatment: Decompression and fusion surgery at L5-S1 level is not medically necessary and appropriate.

Pre-op medical 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.