MAXIMUS Federal Services

Case Number:	CM14-0068516		
Date Assigned:	09/08/2014	Date of Injury:	08/24/2012
Decision Date:	10/16/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/13/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 60 year old female who reported an injury to her low back. No information was submitted regarding initial injury. A clinical note dated 04/02/14 indicated the injured worker complaining of significant low back pain. The injured worker previously underwent physical therapy, aquatic therapy, and epidural injections. The injured worker had slow deterioration and recently retired from her job. A clinical note dated 12/23/13 indicated the injured worker complaining of persistent back pain radiating to the lower extremities. The injured worker reported numbness and weakness in the lower extremities. The injured worker stated she had several episodes recently of legs giving way and she had fallen. The CT myelogram of the lumbar spine dated 03/26/14 revealed moderate bilateral ligamentum flavum hypertrophy at L2-3 with mild disc bulge measuring 2mm. Central canal narrowing was mild with moderate right and moderate to severe left neural foraminal encroachment. A broad based disc extrusion was identified at L3-4 measuring 5mm. Vacuum phenomenon was identified within the disc space at this level. Bilateral facet hypertrophy was moderate with mild central canal narrowing. Moderate right and severe left neural foraminal encroachment was revealed. Severe bilateral joint hypertrophy was identified at L4-5, right greater than left. Minimal disc bulge was identified measuring 1.5mm. Moderate bilateral ligamentum flavum hypertrophy was identified with narrowing of the right lateral aspect of the thecal sac due to right facet joint hypertrophy. Mild central canal stenosis was identified with severe right neural foraminal narrowing and mild left neural foramen encroachment. Severe disc height loss was identified at L5-S1 with severe bilateral facet arthropathy. Mild left and moderate to severe right neural foraminal stenosis was identified secondary to facet hypertrophy and right lateral disc protrusion abutting right L5 nerve root. The MRI of the lumbosacral spine dated 10/27/12 revealed diffuse disc bulge at L2-3 with mild stenosis of neural foramina. Broad based disc bulge with facet joint

hypertrophy was identified L3-4 with mild spinal stenosis and moderate right and marked left neural foraminal stenosis. Grade 1 spondylothesis was identified L4-5 with diffuse disc bulge. Borderline central canal stenosis and moderate bilateral neural foraminal stenosis was revealed. The disc space at L5-S1 was degenerative. Facet joints were markedly hypertrophic. Mild stenosis was identified at the neural foraminal. A clinical note dated 05/24/13 indicated the injured worker undergoing previous epidural steroid injections on 04/16/13 and 05/03/13. The injured worker reported slight improvement. The injured worker underwent epidural injection at L4-5. The utilization review dated 04/30/14 resulted in non-certifications for surgical proposed surgical intervention from L2 to S1 and pre-operative testing and one day hospital stay utilization review dated 04/30/14 resulted in denial as insufficient information had been submitted of the specific location of the complaints of weakness, numbness and tingling, and reflex changes. No psychosocial screening had been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior discectomy and fusion and laminectomy, L2-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The request for anterior discectomy and fusion with laminectomy at L2 through S1 is not medically necessary. The injured worker complained of low back pain and numbness and tingling and weakness. Discectomy and fusion are indicated for injured workers when clinical findings correlate with imaging studies. The submitted MRI revealed significant findings at L2-3, L3-4, L4-5, and L5-S1. However, subjective complaints of weakness along with numbness and tingling appear to be non-specific in nature as no location of these findings were identified in the clinical notes. No psychosocial screening has been submitted confirm addressing any confounding issues and potential outcomes of the proposed surgical intervention. The request is for a four level procedure which exceeds recommendations. Given these factors, the request is not indicated as medically necessary.

Pre-op testing: CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative lab testing

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op testing: BMP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter, Pre-operative lab testing

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op testing: Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Pre-operative lab testing

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op testing: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative electrocardiogram (ECG)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op Lumbar X-Rays: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op MRSA Test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Complaints, Pre-operative lab testing

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

1 Day Hospital Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hospital Inpatient stay.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.