MAXIMUS Federal Services

Case Number:	CM14-0190712		
Date Assigned:	02/18/2015	Date of Injury:	07/17/2012
Decision Date:	03/19/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	11/14/2014

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. 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 38-year-old male, with a reported date of injury of 07/17/2012. The result of the injury was low back pain.The current diagnoses include low back pain, lumbosacral spondylosis without myelopathy, degeneration of the lumbar or lumbosacral intervertebral disc, and displacement of the lumbar intervertebral disc without myelopathy.The past diagnoses include low back pain, lumbosacral spondylosis without myelopathy, degeneration of the lumbar or lumbosacral intervertebral disc, and displacement of the lumbar intervertebral disc without myelopathy.Treatments have included an MRI of the lumbar spine on 03/12/2014, which showed L4-5 mild central canal stenosis secondary to mild posterior disc bulging, short pedicles and mild ligament flava hypertrophy, and moderate L5-S1 degenerative disc disease with mild broad-based subligamentous disc bulging; pain medications; and lumbar epidural steroid injection treatments.The progress report (PR-2) dated 06/03/2014 indicates that the injured worker still had severe low back pain and bilateral leg pain. The pain went down the bilateral posterior thigh, bilateral calves and bottom of his feet. The injured worker was unable to stand or walk more than 30-60 minutes and had to change position all of the time. The physical examination of the lumbar spine showed slow motion, had time standing up from sitting, flexion at 20 degrees, extension at 10 degrees, lateral flexion at 13 degrees, moderate limitation of rotation/extension with stiffness, deep tenderness at the bilateral lumbo-sacral-iliac junctions; straight leg raise caused hamstring and leg pain bilaterally; and decreased sensory bilateral lateral calves and foot.On 07/07/2014, Utilization Review (UR) denied the request for lumbar spine surgery L3-4, L4-5, L5-S1 levels with instrumentation and fusion at L4-5 and L5-S1, decompression only at

L3-4; micro surgery technician; inpatient hospital stay for 4 days; preoperative lab work; EKG; lumbar x-rays; history and physical; assistant surgeon; and postoperative back brace. The UR physician noted that there was no documentation of instability or spondylolisthesis, it was unclear what the injured worker's prior conservative treatment had been to date or any physical examination findings, and since the surgical request was denied, the related services were also denied. The ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Surgery L3-L4, L4-L5, L5-S1with Instrumentation and Fusion at L4-5 and L5-S1,Decompression only at L3-L4: 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): 307.

Decision rationale: According to California MTUS Guidelines patients with increased spinal instability can be considered for surgical decompression. The guidelines note there is no good evidence that spinal fusion is effective in treating any acute low back problem in the absence of spinal fracture, dislocation or spondylolisthesis.

Micro Surgery Tech: 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 Since lumbar spine surgery is not recommended a micro surgery tech would not be needed.

Decision rationale: Since lumbar spine surgery is not recommended a micro surgery tech would not be needed.

Inpatient Hospital Stay for 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Since lumbar spine surgery is not recommended a inpatient hospital stay would not be needed.

Decision rationale: Since lumbar spine surgery is not recommended a inpatient hospital stay would not be needed.

Pre-Operative Lab Work: 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 Since lumbar spine surgery is not recommended a pre-operative lab work would not be needed.

Decision rationale: Since lumbar spine surgery is not recommended a pre-operative lab work would not be needed.

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 Since lumbar spine surgery is not recommended a pre-operative EKG would not be needed.

Decision rationale: Since lumbar spine surgery is not recommended a pre-operative EKG would not be needed.

Lumbar X-rays: 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 Since lumbar spine surgery is not recommended a lumbar x-rays would not be needed.

Decision rationale: Since lumbar spine surgery is not recommended a lumbar x-rays would not be needed.

Assistant Surgeon: 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 Since lumbar spine surgery is not recommended a assistant surgeon would not be needed.

Decision rationale: Since lumbar spine surgery is not recommended a assistant surgeon would not be needed.

Post-operative Back Brace: 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 Since lumbar spine surgery is not recommended a post-operative back brace would not be needed.

Decision rationale: Since lumbar spine surgery is not recommended a post-operative back brace would not be needed.