MAXIMUS Federal Services

Case Number:	CM14-0205604		
Date Assigned:	01/29/2015	Date of Injury:	04/21/2003
Decision Date:	03/18/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/09/2014

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:

This 45 year old prison guard had a date of injury of 11/14/2009 when he was lifting a gate, felt a snap and developed swelling in his forearm. Documentation shows over the next five years weekly to bimonthly physician visits and bilateral carpal tunnel releases x 2 and neurolysis after conservative measures for continuing pain, tingling and numbness in his hands failed. He had a history of chronic back pain from a low back injury 2004 from which he returned to work, noting that his back issues were not accepted as part of his workman's compensation issues. When he had failed to improve following further surgery on his wrist psychiatric evaluation was suggested. According to the PR2 of 12/05/13 he had been advised to take vilazodone, an SSRI medication used in major depression and asenapin used to treat bipolar 1 (manic depression) and schizophrenia. The PR2 note of 6/19/2014 states he was told his psychiatric problems were not part of his work injury either. According to the PR2 note of 05/23/05 an extruded disc fragment over the body of L4 was undergoing spontaneous resorption. The MRI of his lumbar spine from 01/05/14 showed lumbar disc bulges, posterior projecting osteophytes at L4-5, bilateral neuroforaminal narrowing from L2-3 to L5-S1 and moderate central lumbar spinal stenosis. The PR2 note of 4-19-2014 noted he was not a good candidate for lumbar epidural steroid injection because of his diabetes and habitus. He weighed 299. Exam showed he had reduced range of motion of his back, straight leg raising to 60 degrees on the left, gluteal atrophy and some weakness (the note does not describe where.) A spinal stimulator was suggested and declined. PR2 note of 08/18/2014 requested refill of the NSAID Naprosyn 550 to take qd or twice a day and hydrocodone 10, either one or two every twelve hours. He stated he had had a 50% reduction

in his pain on the VAS scale. Neurosurgery consultation on 10/29/2014 noted his strength was 5/5, he had an antalgic gait, negative straight leg raising test and intact sensation with no significant hip pain on range of motion test. Utilization review denied the request for lumbar laminectomy and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-L3 laminectomy and Transforaminal interbody fusion QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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

Decision rationale: Documentation does not provide evidence of lumbar instability or progressive neurological loss which would meet criteria for lumbar laminectomy and fusion.There is no history of failure of home exercise program or other conservative measures or compliance with psychological recommendations.The ODG 12 ed. Spinal Fusion, pre-operative surgical indications.

L3-L4 Laminectomy and Transforaminal interbody fusion QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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

Decision rationale: Documentation does not provide evidence of lumbar instability or progressive neurological loss which would meet criteria for lumbar laminectomy and fusion.There is no history of failure of home exercise program or other conservative measures or compliance with psychological recommendations.The ODG 12 ed. Spinal Fusion, pre-operative surgical indications.

L4-L5 Laminectomy and Transforaminal interbody fusion QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 307.

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

Decision rationale: Documentation does not provide evidence of lumbar instability or progressive neurological loss which would meet criteria for lumbar laminectomy and

fusion.There is no history of failure of home exercise program or other conservative measures or compliance with psychological recommendations.The ODG 12 ed. Spinal Fusion, pre-operative surgical indications.

Autograft/Allograft QTY: 1.00: 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.

Nueromonitoring QTY: 1.00: 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 hospital stay (days) QTY: 4.00: 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.