

Case Number:	CM15-0004291		
Date Assigned:	01/16/2015	Date of Injury:	05/31/2013
Decision Date:	04/10/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/08/2015

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:

This 35 year old male police officer on May 31, 2013 felt a pop and pain in his back lifting a person from the ground. Following a lumbar epidural steroid injection (ESI) on 10/17/2013 he was able to return to work full time without restrictions. In April 2014 according the PR2 of 5/8/2104 he had the onset of new pain in his left leg. He has reported low back pain with radiation to the lower extremities and was diagnosed with retrolisthesis of L3-4 and L4-5 with degenerative disc changes and height loss at L3-L4, L4-L5 and L5-S1 with lateral recess stenosis and foraminal stenosis particularly at the L4-L5 and L5-S1 level and disc protrusion at L4-5 and L5-S1 which had not changed between the MRI scans of 12/6/13 and 7/23/13 and 8/7/2014. Treatment to date has included radiographic imaging, diagnostic studies, epidural steroid injections (ESI), acupuncture therapy, chiropractic care and pain medications. He had no benefit from chiropractic sessions and some decrease in muscle spasms from the acupuncture. He had virtually no pain in his leg after the lumbar ESI on 5/21/2014. The PR2 of 7/30/2014 indicated his low back pain was preventing him from returning to work but his leg pain had improved by 75% from the lumbar ESI. He had stopped taking Norco and tramadol. On his visit with pain management of 10/14/2014 he reported taking no medications. On December 18, 2014, the IW complained of continued low back pain with radiating pain and numbness to the right lower extremities. EMGs and nerve conduction study of the lower extremities were normal on 12/1/2014. On December 12, 2014, Utilization Review non-certified a request for laminectomy posterior spinal fusion with instrumentation and post lateral interbody fusion, inpatient hospital stay, an assistant surgeon and medical clearance, noting the MTUS, ACOEM Guidelines and

ODG were cited. On January 8, 2015, the injured worker submitted an application for IMR for review of for laminectomy posterior spinal fusion with instrumentation and post lateral interbody fusion, inpatient hospital stay, an assistant surgeon and medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy, posterior spinal fusion with instrumentation and post lateral interbody fusion from L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: California MTUS guidelines indicate surgery is considered only when there is serious spinal pathology or nerve root dysfunction not responsive to conservative therapy. The worker did respond to lumbar epidural steroids. The worker did stop taking narcotics for pain. Moreover guidelines note the worker should have clear clinical and electrophysiologic evidence of a lesion that has been shown to benefit both in the short and long term from surgical repair. The workers EMG and NCVs were normal.

Associated surgical service: 5 day inpatient 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 Since laminectomy, posterior spinal fusion with instrumentation and post lateral interbody fusion from L4 is not recommended then associated surgical service: 5 day inpatient hospital stay is not needed.

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

Associated surgical service: 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 laminectomy, posterior spinal fusion with instrumentation and post lateral interbody fusion from L4 is not recommended then associated surgical service: assistant surgeon is not needed.

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

Associated surgical service: medical clearance with [REDACTED]: 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.

Associated surgical service: custom molded 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Since laminectomy, posterior spinal fusion with instrumentation and post lateral interbopdy fusion from L4 is not recommended then associated surgical service: custom molded TLSO brace is not needed.

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

Associated surgical service: 3 in 1 commode: 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 laminectomy, posterior spinal fusion with instrumentation and post lateral interbopdy fusion from L4 is not recommended then associated surgical service: 3 in 1 commode is not needed.

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

Associated surgical service: 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.