

Case Number:	CM15-0006012		
Date Assigned:	01/20/2015	Date of Injury:	08/20/2010
Decision Date:	03/23/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/12/2015

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 48 year old male, who sustained an industrial injury on June 20, 2010. He has reported mid back and ankle pain. The diagnoses have included chronic back pain, lumbosacral radiculopathy and right calf atrophy. Treatment to date has included physical therapy, chiropractic, magnetic resonance imaging (MRI) and oral medications. Currently, the IW complains of back pain. Treatment includes magnetic resonance imaging (MRI). On December 22, 2014 utilization review non-certified a request for lumbar decompression and discectomy L5-S1 including medical clearance (with possible fusion, autograft, synthetic graft, bone marrow aspiration, iliac crest bone graft L5-S1) associated surgical service: neuromonitoring, associated surgical service: two-day inpatient stay, associated surgical service: assistant surgeon, post-operative aqua therapy twice weekly for four weeks and post-operative physical therapy twice weekly for six weeks. The Medical Treatment Utilization Schedule (MTUS) chronic pain and low back American College of Occupational and Environmental Medicine (ACOEM) guidelines and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 12, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DECOMPRESSION AND DISCECTOMY L5-S1 INCLUDING MEDICAL CLEARANCE (WITH POSSIBLE FUSION, ALTOGRAFT, SYNTHETIC GRAFT, BONE MARROW ASPIRATION, ILIAC CREST BONE GRAFT L5-S1): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-7.

Decision rationale: The California MTUS guidelines recommend surgical consideration if there is serious spinal pathology or nerve root dysfunction consistent with imaging studies. This is not the case in this worker. He presents with calf atrophy that is not commiserate with his MRI findings. No electrophysiologic evidence is presented and the radiologist commented there was no noted change between the MRI on 01/21/2011 and the MRI of 11/21/2014. Spinal fusion is not recommended in the absence of spinal fracture, dislocation or spondylolisthesis with instability. The requested treatment of lumbar decompression and discectomy L5-S1, including medical clearance (with possible fusion, allograft, synthetic graft, bone marrow aspiration, iliac crest bone graft L5-S1) is not medically necessary or appropriate.

Associated surgical service: neuromonitoring: 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: two-day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hospital Length of Stay Guidelines

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: assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedic Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopedics

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.

Post-operative aqua therapy, twice weekly for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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.

Post-operative physical therapy, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

Post-operative trimod brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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.