MAXIMUS Federal Services

Case Number:	CM15-0006056		
Date Assigned:	01/26/2015	Date of Injury:	05/05/2003
Decision Date:	03/13/2015	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, New Hampshire, Washington
Certification(s)/Specialty: Orthopedic 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 64 year old male, who sustained an industrial injury to his spine on 5/5/2003 after repetitively unloading medical boxes from a van. He has reported low back and bilateral leg pain. The diagnoses have included lumbar/lumbosacral disc degeneration, lumbar spinal stenosis, and scoliosis. The past history included hypertension and diabetes mellitus. Treatment to date has included medications, diagnostics, and epidural injections. Currently, the IW complains of a history of low back and bilateral leg pain, the left side is worse than the right. He was treated for over a year with epidural steroid injections and pain medications such as Norco and Naprosyn. The pain radiates to the left buttock and posterior thigh. The epidural steroid injections and pain medications are no longer effective in alleviating the pain. The pain is rated an 8/10. He can stand in one place approximately a half hour and he can walk about 2 blocks. The pain is constant. The physical exam revealed the IW walks with a limp. He has increased kyphosis, paraspinous and lumbar tenderness on palpation and range of motion is restricted due to pain. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 10/9/14 revealed degenerative disc disease (DDD), significant facet arthropathy, with spinal stenosis and disc herniation with extrusion affecting the left side. The lumbar x-ray of the spine revealed degenerative disc disease (DDD) at several areas and mild lumbar scoliosis. Treatment was surgical intervention since he has exhausted all conservative measures at this point. On 12/22/14 Utilization Review non-certified a request for Surgery: L5-S1 Anterior Spinal Fusion with Spacer and Plate, Surgery: L4-S1 Laminectomy, Surgical Assistant, Facility, and Inpatient Stay (Days) QTY: 3.00, noting it is not clear that the IW is a candidate for lumbar fusion at this

time. There is no instability demonstrated at any lumbar level on flexion/extension radiographs. The injured worker is not demonstrating any clear evidence for radiculopathy. There is no clear description for neurogenic claudication and only mild central and foraminal narrowing is described. As surgery is denied, the request for the surgical assistant, facility and inpatient stay is also denied. The (MTUS) Medical Treatment Utilization Schedule. Official Disability Guidelines (ODG), (ACOEM) Occupational Medicine Practice Guidelines and the (CPT) Current Procedural Terminology codes and fees guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: L5-S1 Anterior Spinal Fusion With Spacer And Plate: 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): 305-322.

Decision rationale: MTUS criteria for lumbar fusion not met. Medical records indicate chronic back pain without instability,fracture, or tumor. There are no red flags for fusion such as concern for tumor or instability or neuro deficit. Surgery not needed.

Surgery: L4-S1 Laminectomy: Upheld

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

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

Decision rationale: MTUS guidelines for lumbar decompression not met. There is no correlation between imaging studies and clinical exam findings. There is no significant neuro deficit. Lumbar decompression surgery not needed.

Surgical Assistant: 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): 305-322.

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

Facility: 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): 305-322.

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

Inpatient Stay (Days) QTY: 3.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 12th Edition, 2014, Low Back, Hospital Length of Stay

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

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