

Case Number:	CM15-0006421		
Date Assigned:	01/21/2015	Date of Injury:	01/09/2013
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
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:

This 64 year old woman sustained an industrial injury on 1/9/2013. The mechanism of injury is not detailed. Current diagnoses include L4-L5 and L5-S1 severe stenosis foraminaly with lateral recess stenosis, radiculopathy/radiculitis bilateral at L4-L5 to the lower extremities, spodylolisthesis at L5-S1 with retrolisthesis instability as noted on CT, and extrusion at L5-S1 with severe lateral recess stenosis at L4-L5 and L5-S1. Treatment has included oral medications and epidural steroid injection. Requests have been submitted for a psychology consultation and surgical procedure. Physician notes dated 12/19/2014 show worsening of back and lower extremity pain. The worker states this is 90% worse and rates it 10/10. Recommendations are for surgery and associated services as noted below. On 12/30/2014, Utilization Review evaluated prescriptions for L4-L5, L5-S1 decompression laminotomy stabilization, instrumentation, coflex, neuromonitoring, five to seven day inpatient hospital stay, assistant surgeon, pre-operative medical clearance, pre-operative flexion/extension x-ray of lumbar spine, post-operative cold therapy for seven days, post-operative physical therapy for the lumbar spine distributed as two sessions per week for six weeks, and a post-operative lumbar-sacral orthotic, that was submitted on 1/9/2015. The UR physician noted the MRI did not identify nerve root pathology and the x-rays did not identify instability. The MTUS, ACOEM (or ODG) Guidelines was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery L4-L5, L5-S1 decompression, laminectomy stabilization, instrumentation, coflex, neuromonitoring: Upheld

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

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

Decision rationale: California MTUS guidelines indicate that patients can be considered for spinal fusion who have had spinal trauma (fracture or dislocation.) This worker has not had spinal trauma (fracture or dislocation). Patients with degenerative spondylolisthesis with objective evidence of increased spinal instability after surgical decompression may also be candidates for fusion. No evidence is presented to support this has occurred. Thus the requested treatment: Surgery L4-5, L5-S1 decompression, laminectomy stabilization, instrumentation, coflex, neuromonitoring is not medically necessary or appropriate.

In patient 5-7 days hospital 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Surgery L4-5, L5-S1 decompression, laminectomy stabilization, instrumentation, coflex, neuromonitoring is not medically necessary or appropriate, the requested treatment: In patient 5-7 days hospital stay is not necessary.

Decision rationale: Since the requested treatment: Surgery L4-5, L5-S1 decompression, laminectomy stabilization, instrumentation, coflex, neuromonitoring is not medically necessary or appropriate, the requested treatment: In patient 5-7 days hospital stay is not necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Americans association of orthopedic surgeons

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Surgery L4-5, L5-S1 decompression, laminectomy stabilization, instrumentation, coflex, neuromonitoring is not medically necessary or appropriate, the requested treatment: Assistant surgeon is not necessary.

Decision rationale: Since the requested treatment: Surgery L4-5, L5-S1 decompression, laminectomy stabilization, instrumentation, coflex, neuromonitoring is not medically necessary or appropriate, the requested treatment: Assistant surgeon is not necessary.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Surgery L4-5, L5-S1 decompression, laminectomy stabilization, instrumentation, coflex, neuromonitoring is not medically necessary or appropriate, the requested treatment: Pre-op medical clearance is not necessary.

Decision rationale: Since the requested treatment: Surgery L4-5, L5-S1 decompression, laminectomy stabilization, instrumentation, coflex, neuromonitoring is not medically necessary or appropriate, the requested treatment: Pre-op medical clearance is not necessary.

Pre-op flexion/extension x-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Surgery L4-5, L5-S1 decompression, laminectomy stabilization, instrumentation, coflex, neuromonitoring is not medically necessary or appropriate, the requested treatment: Pre-op flexion/extension x-ray of the lumbar spine is not necessary.

Decision rationale: Since the requested treatment: Surgery L4-5, L5-S1 decompression, laminectomy stabilization, instrumentation, coflex, neuromonitoring is not medically necessary or appropriate, the requested treatment: Pre-op flexion/extension x-ray of the lumbar spine is not necessary.

Post-op cold therapy x7 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Surgery L4-5, L5-S1 decompression, laminectomy stabilization, instrumentation, coflex, neuromonitoring is not

medically necessary or appropriate, the requested treatment: Post-op cold therapy x7 days is not necessary

Decision rationale: Since the requested treatment: Surgery L4-5, L5-S1 decompression, laminectomy stabilization, instrumentation, coflex, neuromonitoring is not medically necessary or appropriate, the requested treatment: Post-op cold therapy x7 days is not necessary.

Post-op physical therapy for the lumbar spine 2x6: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Surgery L4-5, L5-S1 decompression, laminectomy stabilization, instrumentation, coflex, neuromonitoring is not medically necessary or appropriate, the requested treatment: Post-op physical therapy for the lumbar spine 2x6 is not necessary

Decision rationale: Since the requested treatment: Surgery L4-5, L5-S1 decompression, laminectomy stabilization, instrumentation, coflex, neuromonitoring is not medically necessary or appropriate, the requested treatment: Post-op physical therapy for the lumbar spine 2x6 is not necessary.

Post-op LSO brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: Surgery L4-5, L5-S1 decompression, laminectomy stabilization, instrumentation, coflex, neuromonitoring is not medically necessary or appropriate, the requested treatment: Post-op LSO brace is not necessary

Decision rationale: Since the requested treatment: Surgery L4-5, L5-S1 decompression, laminectomy stabilization, instrumentation, coflex, neuromonitoring is not medically necessary or appropriate, the requested treatment: Post-op LSO brace is not necessary.