MAXIMUS Federal Services

Case Number:	CM15-0008428		
Date Assigned:	01/26/2015	Date of Injury:	05/02/2014
Decision Date:	04/03/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/14/2015

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 34 year old male cable tech reported on May 2, 2014 another vehicle ran a red light and his right front passenger side of his vehicle. He had his seat belt on. The air bags did not deploy. The next day he started getting low back pain and right leg pain. He had 13 or 14 chiropractic sessions without benefit and underwent five sessions of acupuncture The diagnoses have included status post previous laminectomies/discectomies L5-S1 in 2001 and 2012 nonindustrial and status post industrial motor vehicle accident with worsening right S1 nerve radiculitis and back pain.MRI scan of 06/19/2014 disclosed disc space degeneration at L5-S1 and right sided foraminal stenosis of the exiting right L5 nerve root. Treatment to date has included epidural steroid injection on 08/27/14, diagnostic studies, chiropractic treatment, acupuncture, physical therapy and medication. On 11/06/2014 he had a MRI of the lumbar spine which showed a L4-5 facet hypertrophy and 4 mm left paracentral disc protrusion abutting the traversing left L5 nerve root. At L5-S1 there was bilateral epidural scar tissue with a right paracentral disc protrusion and mild bilateral foraminal stenosis with postsurgical laminectomy defects and facet hypertrophy. The PR2 of 11/11/2014 indicated no motor weakness but a mild positive right straight leg raise. Some numbness in the right L5-S1 distribution was stated. Currently, the injured worker complains of persistent low back pain with right buttock and thigh pain along with some left leg symptoms. He stated his symptoms are worsening and he is very limited in his daily activities. On December 11, 2014 Utilization Review non-certified a pre op with co-surgeon, noting Non- Medical Treatment Utilization Schedule Guidelines. On December 16,

2014, the injured worker submitted an application for Independent Medical Review for review of a pre op with co-surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Pre-Op with Co-Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI) PreOperative Evaluation, Bloomington (MN).

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.

L5-S1 Anterior Lumbar Interbody Fusion (ALIF) with Instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305, 307, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: The California MTUS guidelines indicate that surgical consideration is indicated for patients who have evidence of serious pathology and progressive neurologic dysfunction. The guidelines indicate severe and disabling lower leg symptoms with accompanying objective signs of neural compromise should be present. The patient has had primarily back pain as his major complaint which led to his lumbar epidural steroid injection. Moreover, a spinal fusion would be indicated if there was objective evidence of instability. Documentation does not provide such evidence. The documentation shows the patient has the expected scar tissue at L5-S1 without a major disc herniation. Moreover, the patient's clinical examination does not show motor weakness or reflex change. The requested treatment: L5-S1 anterior lumbar interbody fusion (ALIF) with instrumentation is not medically necessary and appropriate.

Associated Surgical Service: Inpatient Length of Stay: 2 Days: 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), Low Back- 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 Blue Cross/ Blue Shield North Carolina-Corporate Medical Policy, Co-Surgeon, Assistant Surgeon, and Assistant at Surgery 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: Co-Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross/ Blue Shield North Carolina-Corporate Medical Policy, Co-Surgeon, Assistant Surgeon, and Assistant at Surgery 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.