

Case Number:	CM15-0008687		
Date Assigned:	01/26/2015	Date of Injury:	05/19/1995
Decision Date:	04/24/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/15/2015

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: Texas
 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 67-year-old male who reported injury on 05/19/1995. The mechanism of injury was not provided. The injured worker was noted to undergo physical therapy and injections. The injured worker was noted to have an MRI of the lumbar spine on 12/07/2011. The official MRI was not provided for review. The injured worker underwent an x-ray of the lumbar spine on 03/26/2014 which revealed spondylolisthesis at L3-4 with severe degenerative disc disease at L3-S1. It was documented the prior MRI revealed severe L3-S1 stenosis. The documentation of 03/26/2014 revealed the injured worker had low back pain and leg pain that started again. The injured worker was noted to do well with therapy and injections in the past. However, the symptoms were noted to have returned. The pain was noted to begin in the low back and into the leg. The injured worker was noted to have significant weakness in his leg. Sensation was noted to be intact to all dermatomes from L2 through S1. The strength was 5/5. Reflexes were 2+. The diagnoses included low back pain, lumbago, and spinal stenosis lumbar. Recommendation was for an L5-S1 lumbar epidural steroid injection. There was no Request for Authorization nor physician documentation requesting the surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-S1 Lumbar Laminectomy, Instrument Fusion L3-4, XLIF, Insertion of Biochemical Devices L3/4: 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 (updated 11/21/14), Discectomy/Laminectomy and Hardware.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Clinicians should consider referral for psychological screening to improve surgical outcomes. The clinical documentation submitted for review failed to provide documentation of whether the injured worker was a smoker as smoking will interfere with the fusion and healing. There was a lack of documentation of a psychological screening. The official MRI was not provided. There was a lack of documentation indicating the injured worker had spondylolisthesis at all levels requested. Given the above, the request for L3-S1 Lumbar Laminectomy, Instrument Fusion L3-4, XLIF, Insertion of Biochemical Devices L3/4 is not medically necessary.

Assistant Surgeon: 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), Surgical Assistant (updated 11/21/14).

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: Medical Clearance to Include Blood Works, Chest X-Rays & EKG: 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 (updated 11/21/14), Pre-operative Testing, General, and Preoperative Electrocardiogram (ECG).

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: 3 Days 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), Low Back (updated 11/21/14), Hospital Length of Stay (LOS).

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.