

Case Number:	CM15-0104819		
Date Assigned:	06/12/2015	Date of Injury:	01/24/2011
Decision Date:	07/13/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/01/2015

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 55 year old male, who sustained an industrial injury on 1/24/11. Initial complaints were not reviewed. The injured worker was diagnosed as having disc desiccation L4-L5 and L5-S1; annular tear L4-L5 and L5-S1; central canal stenosis. Treatment to date has included physical therapy; acupuncture; chiropractic therapy; shockwave therapy; brace for foot/leg; status post right knee surgery 2013; status post left knee surgery (7/15/14); radiofrequency ablation/destruction right L3, L4 and L5 medial branch nerve of the facet joint (10/27/14); pre-operative evaluation for impending orthopedic left shoulder surgery (11/14/14); status post left shoulder arthroscopic repair superior labral SLAP tear, debridement of glenohumeral joint with debridement of rotator cuff/posterior labral tear; acromioplasty resection coracoacromial ligament/subacromial bursa/ resection distal clavicle(12/2/14). Diagnostics included MRI cervical spine with Flex-Ext (3/12/13); MRI lumbar spine (1/7/13 and 3/19/15). Currently, the PR-2 notes dated 4/13/15 indicated the injured worker complains of severe pain at his cervical and lumbar spine. The provider notes he has had injection therapy but did not acquire any significant relief from that care. The injured worker has had multiple surgeries for different body parts. Most recently, he is a status post left shoulder arthroscopic repair superior labral SLAP tear, debridement of glenohumeral joint with debridement of rotator cuff/posterior labral tear; acromioplasty resection coracoacromial ligament/subacromial bursa/ resection distal clavicle on 12/2/14. On physical examination the provider notes the injured worker has pain at the cervical spine which increases with range of motion. He also demonstrates painful symptoms at his lumbar spine with notable tenderness to palpation and muscle spasms.

Secondary to the level of this pain, his range of motion is limited at the lumbar spine. Straight leg raise remains positive bilaterally at 80 degrees with positive Lasegue's with decreased sensation across L5 bilaterally. The injured worker reports his pain is constant and unrelenting. Secondary to his pain he has great difficulty with activities of daily living for any length of time. A MRI of the lumbar spine dated 3/19/15 reveals at L5-S1 a 4mm circumferential disc protrusion resulting in an abutment of the descending S1 nerve root bilaterally as well as abutment of the exiting right and left L5 nerve roots with narrowing of the neural foramen bilaterally. There is mild central canal narrowing noted at that level. There is noted multilevel facet arthropathy and at L4-L5 a 2mm left foramina disc protrusion with mild narrowing of the left neural foramen. The provider is requesting authorization of a Lumbar Stabilization L4-5 and L5-S1 levels with graft instrumentation; Anterior exposure with MD as co-surgeon; Neuro monitoring assist; bone stimulator, 3 day inpatient stay; medical clearance, vascular consult with physician, 3 in 1 commode, brace, walker, postoperative home health evaluation 4x5 x2, and postoperative physical therapy 3x4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Stabilization L4-5 and L5-S1 levels, graft instrumentation: 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 4/29/15), Online version, Fusion (spinal).

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

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment: Lumbar Stabilization L4-5 and L5-S1 levels, graft instrumentation is not medically necessary and appropriate.

Associated surgical service: 3 Day Inpatient Stay: 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: Neuro monitoring assist: 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.

Medical Clearance: 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.

Postoperative Home Health Evaluation 4 x 5 x 2: 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.

Vascular Consult with Physician: 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.

Anterior exposure with MD as co-surgeon: 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: Walker: 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: Brace: 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: 3 in 1 Commode: 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: Bone Stimulator: 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.

Postoperative Physical Therapy 3 x 4: 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.