

Case Number:	CM15-0106364		
Date Assigned:	06/12/2015	Date of Injury:	04/26/2012
Decision Date:	07/13/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/02/2015

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 47 year old male patient who sustained an industrial injury on 04/26/2012. The accident was described as while working carrying a 93 pound bag of cement he turned to someone calling out his name twisted fast and felt a lightning bolt go through his body. A recent follow up visit dated 05/08/2015 reported the patient with subjective complaint of back pains. He feels that the pain has worsened since the last visit. It affects him all the time, particularly the low back and legs left worse. He has fallen several times most recently down a flight of stairs with substantial bruising and injury. Medications consist of: Norco, Naproxen, Prilosec, Morphine and Colace. Magnetic resonance imaging study of both cervical and lumbar spine were reviewed this visit revealing disc herniations at C5-6, C6-7 and to a lesser degree C7-T1 with moderate discogenic changes. There is also a central canal stenosis without impingement, but with compression of the traversing and exiting C6-7 nerve roots. The lumbar scan showed very significant disc herniations at the L3-S1 levels. There is a high grade foraminal stenosis at L4-5 and L5-S1, L3-4 and advanced deterioration at both L4-5 and L5-S1 levels with associated facet arthropathy causing marked compression of the foramen wall. The following diagnoses were applied: C5-7 disc herniations with foraminal stenosis, and L3-S1 disc herniations with high grade foraminal stenosis left greater; advanced disc deterioration L4-S1 with marked facet arthropathy and foraminal stenosis. The recommendation stated the patient being a good surgical candidate for lumbar intervention. The conservative treatment to continue working on core strengthening exercises. There is also recommendation for an H-wave device. Back at a follow up visit on 04/08/2014 the patient was with subjective complaint of pain in the neck that

radiates to the right arm. He also has complaint of pain in the lower back. Previous conservative treatment modalities to include: modified work duty, oral medications, injections, physical therapy sessions. There was even a request for surgical intervention that was denied. The patient states he is constipated and has bouts of urine incontinence along with avoiding going to work, socializing with friends, exercising, performing household chores, or even activities of daily living. On 08/19/2013 the patient did undergo electrodiagnostic nerve conduction study.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 posterior spinal fusion and decompression associated with bilateral L3-4 laminoforaminotomy/microdiscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307.

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 California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide such evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: L4-S1 posterior spinal fusion and decompression associated with bilateral L3-4 laminoforaminotomy/microdiscectomy is not medically necessary and appropriate.

Associated surgical service: inpatient hospital stay - 3 days: 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: assistant 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: somatosensory evoked potential (SSEP): 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: medical clearance, including history and physical: 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: pre op EKG: 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: chest x-ray: 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: pre-op labs: 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: type cross: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.*CharFormat

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 growth 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.

Associated surgical service: home health for wound care - evaluation and 1-2 follow up visits: 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: lumbar 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: 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.