MAXIMUS Federal Services

Case Number:	CM15-0108113		
Date Assigned:	06/12/2015	Date of Injury:	11/24/2008
Decision Date:	07/14/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/04/2015

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: California, Indiana, Oregon
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 56 year old male, who sustained an industrial injury on November 24, 2008. He reported developing pain in his back after pulling a large sign up a grassy slope. The injured worker was diagnosed as having lytic spondylolisthesis L5-S1. Treatment to date has included x-rays, electro diagnostic studies, MRI, epidural steroid injections (ESIs), physical therapy, and medication. Currently, the injured worker complains of severe low back pain and bilateral lower extremity pain. The Treating Physician's report dated April 20, 2015, noted the injured worker with constant paresthesias, left greater than right, along the anterior and lateral thigh, with weakness in his legs, and his quality of life significantly affected. A lumbar spine MRI was noted to show L5 on S1 lytic listhesis of approximately 7mm with bilateral foraminal stenosis and lateral recess stenosis L3-L5. The Physician noted the injured worker had been resistant to conservative measures, which was causing significant limitations and preventing him from being productive, with nothing more of a conservative nature to offer him. The treatment plan was noted to include a L5-S1 anterior-posterior stabilization and decompression. A request for authorization was made on May 4, 2015 for an anterior lumbar interbody fusion at L5-S1, a posterior spinal fusion at L5-S1, a lumbar decompression at L5-S1 and possible L3-l5, medical clearance, and vascular exposure and closure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible lumbar decompression L3-4 Qty: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient there are no notes documenting progressive symptoms or a clear lumbar radiculopathy. Exam note from 4/20/15 documents normal strength, sensation and reflexes. Based on this the request is not medically necessary.

Possible lumbar decompression L4-5 Qty: 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient there are no notes documenting progressive symptoms or a clear lumbar radiculopathy. Exam note from 4/20/15 documents normal strength, sensation and reflexes. Based on this the request is not medically necessary.