

Case Number:	CM15-0108132		
Date Assigned:	06/12/2015	Date of Injury:	10/17/2009
Decision Date:	07/14/2015	UR Denial Date:	05/08/2015
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: 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 57 year old male patient who sustained an industrial injury on 10/17/2009. The patient reports having felt a pinch in his neck after he was unloading something and it slipped. The pain increased he was examined and treated for a pinched nerve and continued working a modified position. Again, in November of 2010 he stated that a car dropped several feet on the hoist and he sustained back pain. A follow up visit dated 04/27/2015 reported magnetic resonance imaging results, which showed significant left foraminal stenosis at L5-S1; complete collapse of the disc at L5-S1 with prior partial laminotomy on left. The next follow up on 05/01/2015 showed the patient with complaint of chronic low back pain, failed back syndrome and significant major depressive disorder. In addition, the patient has issue with urinary incontinence. Of note, the patient states orthopedic consultation with recommendation to undergo fusion. The assessment found the patient with persistent acute on chronic lumbar radiculopathy left worse; L5-S1 disc bulge as well as facet arthropathy causing central and foraminal stenosis. Magnetic resonance imaging done on 09/25/2013 showed severe left L5-S1 dis height decrease causing severe lateral recess and foraminal stenosis that is likely compressing the left L-5 and descending S-1 nerve roots. Prior treatment to include: oral medications, modified duty, rest, exercise, injections, surgical intervention, and rehabilitation. Of note, the patient has been evaluated by a urologist. Current medications consist of: Meloxicam, Omeprazole, Oxybutynin, Oxycodone, Pristiq, Risperdal, and Valium. The following medications were discontinued: Percocet, Prednisone, Terocin patches, and Nortriptyline. The patient's problem list consists of: mood disorder, anxiety state, Opioid dependence, depressive disorder, lumbar post-

laminectomy syndrome, spinal stenosis, lumbosacral radiculitis, and chronic pain syndrome. The patient is allergic to Gabapentin with significant effect of angioedema. In February 2015, a psychiatric note states the patient having great difficulty obtaining approval for Pristiq. The patient requires this medication to function properly postindustrial injury and without there will be significant detriment to the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: One (1) electrocardiogram: 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.

One (1) pre-operative laboratory works (complete blood count and comprehensive metabolic panel): 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.

One (1) left laminectomy at the L5-S1 level with possible fusion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-7.

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. Such evidence is not provided in the documentation. 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: One (1) left laminectomy at the L5-S1 level with possible fusion is NOT medically necessary and appropriate.

Associated surgical services: One (1) lumbar sacral orthosis: 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.