

Case Number:	CM15-0010354		
Date Assigned:	01/28/2015	Date of Injury:	06/02/2012
Decision Date:	04/06/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/19/2015

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:

This 47 year old female fell on her buttocks in a cooler on 6/2/12. A lumbar CT scan of 06/03/2012 is described as showing bulging discs at L3-4, L4-5 with no fractures. The diagnoses have included subligamentous herniated disc versus protrusions L4-5 and L5-S1, degenerative bulging cervical discs with spondylosis and low back pain with right leg radiculopathy. Treatments to date have included x-rays, oral pain medication, MRIs of lumbar spine and cervical spine. Her lumbar MRI scan of 09/10/12 described 5mm disc protrusions at L4-5 and L5-S1. The injured worker complains of cervical and lumbar pain. She rates the pain as a 6/10. She complains of weakness in low back and legs. She has stiffness and decreased range of motion in lumbar spine. Lumbar spine x-rays 12/4/2014 show no instability, mild spondylosis and states the disc spaces are not narrowed. The PR2 of 12/4/2014 describes her sitting straight leg raising on the left at 45 degrees, supine at 80 and the right sitting straight leg raising at 80 and supine at 30. The injured worker complains of cervical and lumbar pain. She rates the pain as a 6/10. On 1/10/15, Utilization Review non-certified a decompression, laminectomy/ discectomy with bilateral foraminotomy L4-5 and L5-S1 with possibility of fusion and pre-operative surgical clearance. The California MTUS, ACOEM Guidelines, and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Decompression, Laminectomy/Discectomy w/ Bilateral Foraminotomy L4-5 and L5-S1 with the possibility of Fusion L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305, 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for Surgery - Discectomy/laminectomy Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The California MTUS guidelines indicate surgical consideration may be indicated if the patient is having severe and disabling lower leg symptoms and accompanying objective signs of neural compromise. The straight leg raising test in the patient suggests functional overlay rather than neural compromise. The MTUS guidelines note the clear clinical, imaging and electrophysiologic evidence should be present. While the radiologists who reviewed the patient's MRI scans did not comment on having compared them with earlier studies, their readings suggest no changes which point to a lesion needing surgical repair. Finally, the MTUS guidelines do not recommend spinal fusion in the absence of fracture, dislocation or instability. The patient has none of these. Thus, the requested treatment Decompression, laminectomy/discectomy with bilateral foraminotomy L4-5 and L5-S1 with the possibility of fusion L4-5 and L5-S1 is not medically necessary and appropriate.

1 Preoperative surgical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgery General Information and Ground Rules, California Official Medical Fee Schedule, pg 92-93.

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: 1 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) CPT Procedure Code Index "2" CPT Codes Musculoskeletal System Surgery.

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 hospital admittance: 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) hospital length of stay (LOS), Low Back - Lumbar & Thoracic (Acute & Chronic).

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: 1 DME: Front Wheel Walker: 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), Knee & Leg (Acute & Chronic).

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: 1 DME: Elevated Toilet Commode: 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), Knee & Leg (Acute & Chronic).

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.