

Case Number:	CM15-0131223		
Date Assigned:	07/17/2015	Date of Injury:	11/17/2003
Decision Date:	08/19/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/07/2015

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 72 year old male, who sustained an industrial injury on 11/17/2003. Diagnoses include degeneration of lumbar or lumbosacral intervertebral disc and spinal stenosis lumbar region. Treatment to date has included surgical intervention (left lumbar L5 root decompression, 8/2014, L4-5 and L5-S1 laminotomy and fusion, 2013, and revision with removal of hardware 2014) as well as conservative measures including epidural steroid injections (9/16/2015), nerve blocks, acupuncture, opioid pain medication and a dorsal column stimulator. Computed tomography (CT) myelogram of the lumbar spine dated 5/29/2015 revealed a previous laminectomy and fusion at the L5-S1 level and mild ligament hypertrophy L3-4 level. The overall appearance of the lumbar spine is noted to be unchanged from the prior study of 8/11/2014. Per the Primary Treating Physician's Progress Report dated 6/18/2015, the injured worker reported lower back pain that occurs during activities and lifting and is made better by rest and medication. Physical examination of the back revealed a normal contour and no pelvic obliquity. The back was nontender throughout, with stability, motor strength and sensation within normal limits. There was no spasticity, gait was normal and straight leg raise was negative. The plan of care included surgical intervention and authorization was requested for left L4-5 foraminotomy, 1-2 day inpatient stay, an assistant surgeon, postoperative physical therapy (2x6) for the low back, lumbar brace and preoperative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Foraminotomy L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary.

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

Decision rationale: 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 this 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: Left Foraminotomy L4-L5 is not medically necessary and appropriate.

Related surgical service: Post-operative physical therapy for the low back, twice weekly for six weeks: 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.

Related 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.

Related surgical service: Pre-operative 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.

Related 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.

Related surgical service: one to two 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.