

Case Number:	CM15-0131411		
Date Assigned:	07/17/2015	Date of Injury:	05/18/2008
Decision Date:	08/19/2015	UR Denial Date:	06/25/2015
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:

This injured worker is a 57 year old male, who reported an industrial injury on 5/18/2008. His diagnoses, and or impression, were noted to include: progressively degenerative lumbosacral stenosis, status-post lumbosacral fusion, now with disc flattening/herniation, multi-factional/multi-level stenosis, severe progressively degenerative lumbar stenosis with facet arthropathy and spondylolisthesis, and large lumbar disc herniation with active nerve root dysfunction. No current imaging studies were noted. His treatments were noted to include diagnostic studies; lumbar fusion; failed/exhausted conservative/non-surgical modalities; medication management; and activity restrictions. The progress notes of 5/11/2015 reported a follow-up examination for his chronic condition of progressively degenerative lumbar stenosis, and review of his most recent magnetic resonance imaging studies, and electrodiagnostic studies, of the lumbar spine. Objective findings were noted to include back and muscle pain with decreased range-of-motion; decreased strength in the anterior tibia with significant pain on effort; decreased sensation in the lumbar dermatomes; an impaired tandem walking and walking on heels and toes; tenderness over the lumbar spine, with limited testing due to guarding, and with positive crossed femoral stretching and straight leg raising tests; and that he has become a candidate for, and requiring, lumbar decompression and stabilization surgery. The physician's requests for treatments were noted to include a post-surgical "LSO" brace and purchase of a post-operative cooling system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar decompression and stabilization at L3-L4 and discectomy at L2-L3:

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 requested treatment: Posterior lumbar decompression and stabilization at L3-L4 and discectomy at L2-L3 is NOT Medically necessary and appropriate.

Associated surgical service: inpatient stay 1-3 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: 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.

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.

Associated surgical service: cooling system for purchase: 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: LSO brace for purchase: 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.