MAXIMUS Federal Services

Case Number:	CM15-0135195		
Date Assigned:	07/29/2015	Date of Injury:	11/27/2009
Decision Date:	08/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/13/2015

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 54 year old female patient who sustained an industrial injury on 11/27/2009. The accident occurred as the worker was employed as a truck driver. She was evaluated, treated, subsequently underwent surgical intervention and was deemed on total disability June 2010. On 02/17/2015 the patient underwent a pre-surgical psychological evaluation in anticipation of lumbar surgery. Current subjective complaints showed low back pain, headaches and sleep difficulty. Current medications listed: Atenolol and Triamterene. She was diagnosed with: adjustment disorder, mixed with depression and anxiety, and psychological stressors, moderate. She is to remain temporarily totally disabled with the plan to involve surgery. A follow up visit dated 02/17/2015 reported the patient with ongoing low back pain radiating down the legs accompanied with stiffness and weakness. Radiographic diagnostic showed the patient with: spondylolisthesis which is worsened at the L5-S1 level; mild at L4-5, and instability on flexion and extension. On 05/01/2015 she underwent electronic nerve conduction study that revealed evidence of bilateral L5 radiculopathy. Previous treatment modalities to include: modified work duty, off from work duty, physical therapy, chiropractic care, acupuncture therapy, and injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy posterior spinal fusion with instrumentation post lateral interbody fusion at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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

Decision rationale: The California MTUS guidelines recommend lumbar surgery if there are severe persistent, debilitating lower extremity complaints, clear clinical and imaging evidence of a specific lesion corresponding to a nerve root or spinal cord level, corroborated by electrophysiological studies which are known to respond to surgical repair both in the near and long term. Documentation does not provide this evidence. 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: Lumbar laminectomy posterior spinal fusion with instrumentation post lateral interbody fusion at L4-5 and L5-S1 is not medically necessary and appropriate

Associated 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.

Associated surgical service: Hospital stay x 5 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: Front wheel walker: 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: 3:1 Commode: 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: 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: Custom molded TLSO 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.