MAXIMUS Federal Services

Case Number:	CM15-0164257		
Date Assigned:	09/01/2015	Date of Injury:	09/20/2011
Decision Date:	10/27/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/21/2015

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, Montana
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 66-year-old male, who sustained an industrial injury on 9-20-11. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar spondylolisthesis, instability, postlaminectomy syndrome; radiculopathy; failed conservative treatment. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine (8-10-15). Currently, the PR-2 notes dated 6-9-15 indicated the injured worker was in the office for a follow-up. He has surgery pending and feels better on this day. He has pain last week and reports it was difficult to get around. He is in need of an anterior posterior fusion at L4-5 and L5-S1 with laminectomy at L3-S1. The provider additionally documents he has instability, spondylolisthesis, and stenosis. He has a prior laminectomy in 1985 and need the interbody fusion at this time. He wants to return to work but must get back to a high-level function. He is taking Motrin, Skelaxin and narcotics intermittently. He has right radicular symptomology with radiculopathy. His spinal examination on this date shows pain with extension and rotation. He has no focal deficits and 5 over 5 for motor. He has little weakness of the right lower extremities tibialis anterior, and a little giveaway weakness of his quadriceps. He notes a decreased sensation and no L4 or S1 reflex. He walks with a flexed lumbar spine and positive extension and rotation deficits. He has decreased spasm and no café-au-lait spots or lesions. A MRI of the lumbar spine date 8-10-15 impression reveals a thin disc below the lumbosacral interspace is designated as a persisting S1-2 interspace. There are noted advanced degenerative disc and endplate changes at L5-S1 with postoperative changes of laminectomies at this level. There is moderate degenerative disc disease seen at L4-5. L2-3 is noted mild facet joint disease plus small lateral disc bulges. L3-4 notes moderate lateral recess

and foraminal stenosis with lateral disc bulging, facet hypertrophy, and ligamentum flavum buckling. There is acquired moderate central, but more lateral recess and foraminal narrowing on a multifactorial basis at L4-5. Moderate facet and ligamentous hypertrophy and a broad-based disc bulge is present with an additional far right lateral disc protrusion extending into and slightly cephalad in the right neural foramen causing prominent compression of the exiting right L4 root. There is also left foraminal narrowing but not as severe, contacting the exiting L4 root. The degree of lateral recess stenosis impinges on the traversing L5 roots without displacement. L5-S1 facet and ligamentous hypertrophy with a broad-based disc osteophyte complex and biforaminal extension causes severe compression of the exiting L5 roots. There is also contact of the proximal right S1 root. The provider is requesting authorization of Anterior/posterior lumbar interbody fusion at L4-L5, L5-S1; assistant surgeon; Inpatient stay 1-3 days; pre-operative Labs: CMP, CBC; PT- PTT, urinalysis; pre-operative EKG and chest X-rays; Post-op in home physical therapy for the lumbar spine; Post-op outpatient physical therapy for the lumbar spine; LSO back brace; Walker; Commode and a Home health aide services 2-3 hours/day for 2-3 time a week for 4-weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior/posterior lumbar interbody fusion at L4-L5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

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 is 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 fusion for fracture, dislocation and documented instability. Documentation does not show evidence of instability. The requested treatment: Anterior/posterior lumbar interbody fusion at L4-L5, 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: Inpatient stay for 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.

Pre-op labs, CMP: 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-op labs, PT/PTT: 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-op labs, CBC: 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-op labs, Urinalysis: 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-op EKG: 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-op 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.

Pre-op Chest x-rays: 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.

Post-op in home physical therapy for the lumbar spine, 8-sessions, 2 times a week for 4-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.

Post-op outpatient physical therapy for the lumbar spine, 8-sessions, 2 times a week for 4-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.

Associated surgical service: LSO back 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.

Associated surgical service: 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: 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.