

Case Number:	CM15-0166821		
Date Assigned:	09/09/2015	Date of Injury:	04/27/2013
Decision Date:	10/30/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/25/2015

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 55-year-old female who sustained an industrial injury on April 27, 2013 resulting in low back pain. Diagnoses have included lumbar spine multilevel degenerative disc, multilevel spinal canal stenosis, spondylolisthesis, and low back and leg pain including neurogenic claudication. Documented treatment for the low back includes use of medication, but provided documents do not discuss response to past treatments. The injured worker continues to complain of low back and bilateral leg pain, which does not allow her to stand for more than five minutes without a walker. She is not working due to lack of light duty. MRI of May 19, 2015 compared with October 2013 is stated by the physician to show a progression in scoliosis, instability and stenosis. However, documentation does not include radiologist's reports corroborating the provider's assertions. The treating physician's plan of care includes a June 4, 2015 request for authorization for L3 through S1 laminectomy, facetectomy and transforaminal lumbar interbody fusion with pedicle screws and further stabilization of T8 or T10 to ilium posterior segmental instrumented fusion, pre-operative medical clearance with an internist, psychiatric clearance, 24 visits of post-operative physical therapy, and Percocet 5-325 mg., however, this was denied with the rationale that the injured worker does not have documented symptoms including radiculopathy or instability to support the surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3 through S1 Laminectomy, facetectomy and transforaminal lumbar interbody fusion with pedicle screws and further stabilization of T8 or T10 to Ilium posterior segmental instrumented fusion: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion.

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 is 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. Documentation does not contain radiologist's reports indicating degree of asserted spondylolisthesis or instability. California MTUS Guidelines do recommend fusion if there is fracture, dislocation or significant instability. Documentation does not provide evidence this is the case. The requested treatment: L3 through S1 Laminectomy, facetectomy and transforaminal lumbar interbody fusion with pedicle screws and further stabilization of T8 or T10 to Ilium posterior segmental instrumented fusion is not medically necessary and appropriate.

Pre-op medical clearance with internist: 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), Low Back Chapter, Preoperative Testing.

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.

Psych clearance prior to surgery: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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.

Physical therapy post-op 24 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

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.

Percocet 5/325 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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.