

Case Number:	CM15-0168907		
Date Assigned:	09/02/2015	Date of Injury:	12/28/2006
Decision Date:	10/27/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/27/2015

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: California

Certification(s)/Specialty: Orthopedic 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 is a 53-year-old male smoker with a date of injury on 12-28-2006. A review of the medical records indicates that the injured worker is undergoing treatment for post discectomy syndrome, status post microdiscectomy at L4-5 with recurrent herniated disc, central stenosis and severe foraminal stenosis bilaterally. Medical records (3-9-2015 to 7-15-2015) indicate ongoing, increasing back pain and bilateral leg pain with numbness and tingling down the legs. He also complained of neck pain. Per the 3-9-2015 progress report, physical therapy was on hold. Per the treating physician (3-9-2015), the employee was temporarily totally disabled. The physical exam (3-9-2015 to 7-15-2015) reveals tenderness to palpation and lumbar paraspinous muscles spasm. There was positive straight leg raise on the right. Sensation was decreased to light touch and pinprick in the L5 dermatome on the right. Treatment has included lumbar spine surgery (3-3-2010), physical therapy, epidural steroid injection and medications (Tylenol #3, Soma, Norco and Baclofen). The progress report dated 7-15-2015 noted that magnetic resonance imaging (MRI) of the lumbar spine from 5-3-2015 showed disc osteophyte complex at L4-5, greater on the right with facet arthropathy with ligamentum flavum hypertrophy causing moderate central canal stenosis with lateral recess narrowing, greater on the right compressing the transversing right L5 nerve root. There was severe right and mild to moderate left foraminal stenosis likely compressing the exiting right L4 nerve root. The original Utilization Review (UR) (8-7-2015) denied requests for posterior lumbar interbody fusion with an assistant surgeon and three-day hospital stay; bone growth stimulator unit; front wheeled walker and 3 in 1 commode purchase.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar interbody fusion at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Spinal Fusion.

Decision rationale: The ACOEM Guidelines state that lumbar fusion, except for cases of trauma-related spinal fracture or dislocation, is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptom. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this particular patient, there is lack of medical necessity for lumbar fusion, as there is no evidence of segmental instability greater than 4.5 mm, psychiatric clearance or evidence of smoking cessation from the exam note of 7/15/15 to warrant fusion. Therefore, the request is not medically necessary.

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.

3 days hospital 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.

Bone growth stimulator unit 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.

Front wheel walker 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.

3 in 1 commode 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.