

Case Number:	CM15-0180166		
Date Assigned:	09/23/2015	Date of Injury:	12/28/2006
Decision Date:	11/03/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/14/2015

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 53 year old male, who sustained an industrial injury on 12-28-06. Medical record indicated the injured worker is undergoing treatment for post discectomy syndrome and status post microdiscectomy at L4-5 with recurrent herniated disc, central stenosis and severe foraminal stenosis bilaterally. Treatment to date has included lumbar microdiscectomy (5 years prior), physical therapy (which he states made the symptoms worse), epidural steroid injections, oral medications including Hydrocodone and activity modifications. (MRI) magnetic resonance imaging of lumbar spine performed on 4-30-15 revealed 1-2mm Schmorl's node throughout the lumbar spine, L3-4 1-2mm diffuse posterior disc bulge with bilateral facet arthropathy, L4-5 5-6mm diffuse posterior disc bulge containing a posterior midsagittal annular tear causing partial narrowing of the spinal canal and neural foramina bilaterally and L5-S1 disc desiccation and diminished disc height with a 1-2 mm diffuse posterior disc bulge with narrowing of the anterior thecal sac. Currently on 8-12-15, the injured worker complains of constant low back pain with radiation down the bilateral lower extremities accompanied by numbness in left lower extremity to the level of the hip, foot and toes with muscle weakness in bilateral lower extremities. He rates the pain 9 out of 10 with and without medications. He is currently not working. Physical exam performed on 8-12-15 revealed spasm at L4-S1, tenderness to palpation in the spinal vertebral area L4-S1 and moderately to severely limited range of motion of lumbar spine and decreased sensation to touch and pinpoint along the L4-S1 dermatome in right lower extremity. On 7-28-15, a request for authorization was submitted for posterior lumbar interbody fusion at L4-5, 3 hospital days, assistant surgeon and home health nurse for daily dressing changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar interbody fusion L4-L5: 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 do recommend spinal fusion for fracture, dislocation and significant instability. Documentation is not presented to support presence of any of these. The requested treatment: Posterior lumbar interbody fusion L4-L5 is not medically necessary and appropriate.

Associated surgical services: 3 days inpatient 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.

Associated surgical services: 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 services: Post- op home health nurse for 14 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.