

Case Number:	CM15-0180546		
Date Assigned:	09/22/2015	Date of Injury:	05/15/2006
Decision Date:	11/02/2015	UR Denial Date:	08/17/2015
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 58-year-old male who sustained an industrial injury on 5-15-06, when an axel hit his knee. The injured worker reported pain in the back, bilateral buttock and leg. A review of the medical records indicates that the injured worker is undergoing treatments for stenosis and spondylosis and spondylolisthesis at L5-S1. Documentation does not include flexion and extension views of the lumbar spine to substantiate instability. Medical records dated 9-1-15 indicate the injured worker was with "stenosis with numbness and tingling in his lower extremity." Provider documentation dated 5-19-15 noted the work status as permanent and stationary. Treatment has included Tramadol since at least May of 2015, Flexeril since at least May of 2015, Voltaren gel since at least August of 2015, and lumbar spine magnetic resonance imaging (2-5-14). Objective findings dated 8-25-15 were notable for spasms noted in the back, decreased range of motion, straight leg raise positive for pain in the back and buttock. The treating physician indicates that the urine drug testing result (June) showed no aberration. The original utilization review (8-17-15) denied a request for anterior posterior decompression fusion at level L5-S1 with instrumentation, bone graft and autograft, associated surgical service inpatient stay 3-4 days, consultation with vascular surgeon and assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior posterior decompression fusion at level L5-S1 with instrumentation, bone graft and autograft: 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 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 lumbar fusion if there is fracture, dislocation or instability. He does not have these. Documentation does not substantiate instability. The requested treatment is not medically necessary and appropriate.

Associated surgical service: Inpatient stay 3-4 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.

Consult with vascular 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.

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.

