

Case Number:	CM15-0183046		
Date Assigned:	09/23/2015	Date of Injury:	06/10/2004
Decision Date:	11/03/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/17/2015

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 51-year-old male, who sustained an industrial injury on 06-10-2004. Medical records indicated that the injured worker is undergoing treatment for lumbar degenerative disc disease status post multiple L4-5 discectomies, lumbosacral radiculopathy, chronic low back pain, bilateral peroneal neuropathies status post bilateral surgical peroneal decompression, significant gait disturbance, pain related insomnia, pain related depression, possible left hip degenerative joint disease, bilateral shoulder impingement syndrome, and bilateral chronic knee pain with recent worsening of right knee. Treatment and diagnostics to date has included spinal surgeries, injections, bilateral peroneal blocks, and medications. Current medications include Neurontin, Duragesic patches, Wellbutrin XL, Cymbalta, Motrin, Lunesta, Xanax, and Lidoderm patches. Lumbar spine CT report dated 08-11-2014 stated "status post posterior decompression with anterior and posterior fusion at L3-4 and L4-5" and "L5-S1 mild disc bulge progressed since the last examination". In a progress note dated 08-25-2015, the injured worker presented for a re-evaluation. Objective findings included tenderness to palpation over the lumbar spine and bilateral lumbar spine paraspinal regions, positive seated straight leg raise test bilaterally, and 2 out of 5 motor testing at the injured worker's ankles and feet bilaterally. The Utilization Review with a decision date of 08-28-2015 non-certified the request for L5-S1 laminectomy posterior interbody and lateral fusion with fixation, inpatient x 3 days, L5-S1 fusion, and intra-operative neuro-monitoring.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 laminectomy, posterior interbody and lateral fusion with fixation: 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), Indications for surgery.

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 spinal fusion if there is fracture, dislocation and significant instability. Documentation does not provide evidence of this. The requested treatment is not medically necessary and appropriate.

Associated surgical services: LOS - inpatient (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.

L5-S1 Fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS guidelines do recommend spinal fusion if there is fracture, dislocation and significant instability. Documentation does not provide evidence of this. The requested treatment is not medically necessary and appropriate.

Associated surgical services: Intra-operative neuromonitoring: 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.