

Case Number:	CM15-0189783		
Date Assigned:	10/27/2015	Date of Injury:	11/07/2011
Decision Date:	12/09/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/25/2015

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, California
 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 49 year old male who sustained an industrial injury on 11-7-11. A review of the medical records indicates that the worker is undergoing treatment for status post left lumbar laminectomy and discectomy at L5-S1 (2-2014), recurrent disc herniation L5-S1 with residual disc herniation L4-5, moderate to severe facet arthrosis and bilateral foraminal stenosis L4-5 and L5-S1 with right sided facet synovial cyst at L4-5, small fibrolipoma of cauda equina, instability at L5-S1 suggested by fluid within the right facet joint, and bilateral L5-S1 radiculopathy. Subjective complaints (9-9-15) include constant pain in the lower back, bilateral legs and knees rated at 8 out of 10 with pain radiating to both legs (2-27-15 pain rated at 8 out of 10) and associated symptoms of numbness, tingling and weakness of the legs. Activities of daily living are reported as affected, including self-care, house hold chores, and physical activities. A review of systems is noted as positive for dizziness, headache, and depression, loss of sleep, numbness, weight loss, indigestion, stomach pain, and musculoskeletal problems. Objective findings (9-9-15) include "moderate" tenderness to palpation over the posterior lumbar spine and bilateral sciatic notch, lumbar range of motion of flexion 30 degrees, extension 10 degrees, right and left lateral bending 15 degrees, a positive seated straight leg raise at 30 degrees bilaterally (greater on the left), causing low back pain and sciatica, 4 out of 5 weakness of dorsiflexion-left foot, bilateral decreased repetitive toe raises, and diminished pinprick over the bilateral posterolateral thigh and left leg. "Significant abnormal pathological findings on his MRI scan which are consistent with his complaints and consistent with objective findings of radiculopathy on examination" is noted(9-9-15). Previous treatment includes surgery, physical therapy, home exercise, Lyrica, Celebrex, and Zantac. A request for authorization is dated

9-4-15. The requested treatment of electromyography-nerve conduction velocity of bilateral lower extremities, repeat bilateral laminectomy and facetectomy with foraminotomy at L4-5 and L5- S1, posterior interbody fusion with implantation fusion cages and pedicle screw instrumentation with post L4-5, L5-S1, inpatient hospital stay for five days, assistant surgeon, pre-op history and physical, pre-op EKG, pre-op labs: CBC, Chem 20, UA, HIV, Hepatitis A, B, C, associated surgical services: plain lumbar x-rays, lab: PSA, back brace, external bone growth stimulator (indefinite) was denied on 9-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV Bilateral Lower Extremities: Overturned

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.

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

Decision rationale: The California MTUS guidelines do recommend assessment of the electrophysiological status of the patient to correlate with physical examination, imaging and neurological tests. Such assessment can be helpful in identifying the level of neurological compromise and radiculopathy. EMG/NCV estimation can be helpful in indicating a polyneuropathy or radiculopathy. The requested Treatment: EMG/NCV Bilateral Lower Extremities is medically necessary and appropriate.

Repeat bilateral laminectomy and facetectomy w/foraminotomy at L4-5, L5-S1: 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 lumbar surgery if there is clear clinical, electrophysiological and imaging evidence of specific nerve root or spinal cord level of impingement, which would correlate with severe, persistent debilitating lower extremity pain unresponsive to conservative management. Documentation does not provide this evidence. The requested treatment: Repeat bilateral laminectomy and facetectomy w/ foraminotomy at L4- 5, L5-S1 is not medically necessary and appropriate.

Posterior interbody fusion w/implantation/fusion cages & pedicle screw instrumentation w/post L4-5, L5-S1: 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: California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of these conditions. The provider attests to the presence of fluid in a facet joint. Whether this presence is indicative of instability is a matter of debate. Documentation does not provide evidence of significant abnormal motion. The requested treatment: Posterior interbody fusion w/implantation/fusion cages & pedicle screw instrumentation w/post L4-5, L5-S1 is not medically necessary and appropriate.

Inpatient hospital stay for five 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.

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.

Pre-op History and Physical: 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.

Pre-op EKG: 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.

Pre-op Labs: CBC: 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.

Pre-op Labs: Chem 20: 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.

Pre-op Labs: UA: 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.

Pre-op Labs: HIV: 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.

Pre-op Labs: Hep A, B, C: 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 Service: Plain Lumbar x-rays: 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.

Labs: PSA: 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 Service: Back brace: 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 Service: External Bone Growth Stimulator (indefinite): 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.