

Case Number:	CM15-0191223		
Date Assigned:	10/05/2015	Date of Injury:	06/17/1998
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/29/2015

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:

The injured worker is a 37 year old female, who sustained an industrial injury on 6-17-98. The injured worker was diagnosed as having chronic cervical sprain-strain; lumbar spinal stenosis with bilateral lower extremity radiculopathy; L4-5 disc annular tear with disc protrusion; Left sided radiculopathy; lumbar intervertebral disc without myelopathy; lumbar region; thoracic or lumbosacral neuritis or radiculitis unspecified; other specific aftercare following surgery. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine (3-27-14). Currently, the PR-2 notes dated 8-3-15 indicated the injured worker was in the office for an orthopedic consultation follow-up. The provider documents "The patient is miserable with pain. She has post line brace and uses that. She tries to walk a little bit and gets left leg pain. She complains of aching, stabbing and burning pain in her back which she rates 9- 10- out of 10 on the pain scale. She complains of aching, stabbing and burning pain in her neck which she rates 7-8 out of 10. She complains of stabbing and burning pain in her left leg which she rates 8-9 out of 10. She complains of her feet with numbness and pins and needles sensation which she rates 7-8 out of 10. She is currently taking Robaxin and Norco which she states are helping." On physical examination the provider notes she has a very slight antalgic gait. Her toe walk is abnormal on the left and heel walk is abnormal on the left. He notes tenderness in the paraspinous musculature of the lumbar spine region on the left. Midline tenderness is noted in the lumbar spine. Muscle spasm is positive over the lumbar spine. The provider documents her diminished range of motion of the lumbar spine. He notes spasm on lumbar range of motion is present. Sensory testing with pinwheel is normal except for decreased sensation in the foot dorsum and posterolateral calf on the left. Clonus is negative

and circulation is documented as normal in the lower extremities. The provider discusses his decision for surgery documenting "I reviewed the EMG-NCV study and there is some slowing on the left hand side with neuropathy and radicular irritation slowing of the extensor digitorum brevis." He notes from 1998, the disc annular tear steadily progressively worsen to the point where the patient has no quality of life. She can barely leave the house. She is miserable with pain and takes hydrocodone and Robaxin. Nothing else has worked. She does have neuropathy and is an ideal candidate for a two level ALIF with fixation cage via [REDACTED]. She can then have a posterior left sided hemilaminotomy and decompression at L4-L5 and L5-S1." A Request for Authorization is dated 9-23-15. A Utilization Review letter is dated 9-17-15 and non-certification for Lumbar spine fusion: Spine surgery at L4-5 and L5-S1 anterior lumbar interbody fusion with fixation cages & posterior decompression and associated services and medications. A request for authorization has been received for Lumbar spine fusion: Spine surgery at L4-5 and L5-S1 anterior lumbar interbody fusion with fixation cages & posterior decompression and associated services and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine fusion: Spine surgery at L4-5 and L5-S1 anterior lumbar interbody fusion with fixation cages & posterior decompression: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter (updated 7/17/15).

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, Fusion.

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state that lumbar fusion, except for cases of trauma-related spinal fracture or dislocation, fusion of the spine 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, severe stenosis or psychiatric clearance from the exam note of 8/3/15 to warrant fusion. Therefore the request is not medically necessary for lumbar fusion.

Two day 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.

Post op LSO: 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.

Post op front wheel walker: 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.

Post op 3 in 1 commode: 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.

Water circulating cold pad with pump (ice unit) cold therapy: 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: 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.

Home health RN-post operative evaluation after 24 hours at home: 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.

Psychological clearance for surgical intervention: 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 operative clearance to include labs with internal medicine: 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 with internal medicine: 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.

Post op Zofran 8mg #10: 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.

Post op Norco 10/325mg #120: 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.

Post op Duracef 500mg: 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.

Post op Robaxin 750mg: 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.

Post op follow up visit in 4-5 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.

Post op follow up with orthopedic specialist (within 6 weeks): 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.

Post op physical therapy 2 times a week for 4 weeks: 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.