

Case Number:	CM15-0193571		
Date Assigned:	10/12/2015	Date of Injury:	05/14/2015
Decision Date:	11/24/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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:

This 50 year old woman sustained an industrial injury on 5-14-2015. Evaluations include a lumbar spine MRIs dated 7-13-2015 and 6-15-2015. Diagnoses include lumbar strain and grade I spondylolisthesis with facet arthropathy and mild central canal and foraminal stenosis. Treatment has included oral medications, chiropractic care, acupuncture, and physical therapy. Physician notes on a PR-2 dated 8-12-2015 show complaints of low back pain with radiation to the buttock and thigh with numbness and tingling to the right thigh and calf. The worker states she is awakened every night due to severe back pain and anxiety. The physical examination shows the worker rising from a seated position slowly, a slow and guarded gait, lumbar spine range of motion is restricted across all planes with pain at the limits. Motor function is intact, sensation is decreased in the right lateral calf and thigh, and straight leg raise is positive in the seated position at 80 degrees. Recommendations include Ultracet, Naproxen, surgical intervention, psychology or psychiatry consultation, and follow up in six weeks. Utilization Review denied requests for Tramadol, XLIF L4-L5 posterior fusion with instrumentation L4-L5 3-day inpatient stay, pre-operative medical clearance, cybertech back brace, four point front wheeled walker, 3 in 1 bedside commode, and cold compression therapy unit (14 day rental) on 9-2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extreme lateral interbody fusion (XLIF) at L4-L5 and posterior fusion with instrumentation at L4-L5: 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: California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of this. The provider attests that there is an anterolisthesis of 4 or 5 or 8.00 mm but no radiologist's reports are included to substantiate these assertions, and no evidence is given that the grade I spondylolisthesis is unstable. The requested treatment: Extreme lateral interbody fusion (XLIF) at L4-L5 and posterior fusion with instrumentation at L4-L5 is not medically necessary and appropriate.

Tramadol 50 mg #30 - 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

Decision rationale: The California MTUS Chronic Pain Medical Treatment guidelines note Tramadol is not recommended as a first-line oral analgesic. They note the side effects of dizziness, nausea, constipation, headache, somnolence and increased risk of seizures if the patient is taking SSRIs and other opioids. Documentation does not provide evidence the patient is not having side effects. They note the recommended dose should not exceed 400 mg/day. The requested treatment: Tramadol 50 mg #30 - 1 refill is not medically necessary and appropriate.

Associated surgical service: inpatient stay - 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Preoperative medical clearance: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Cyber-tech 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: 4 point 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: 3-in-1 bedside 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: cold compression therapy unit - 14 day rental: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.