

Case Number:	CM15-0193723		
Date Assigned:	10/12/2015	Date of Injury:	11/15/2005
Decision Date:	11/24/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/02/2015

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 is a 45 year old male with a date of injury on 11-15-05. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain. Progress report dated 4-16-15 reports continued complaints of severe low back pain. He is only able to walk for about 0.25 mile at a time and can tolerated standing and sitting for about 10 minutes at a time. Physical exam: tender to palpation mid-line over the spinous processes and paraspinally bilaterally, his gait is slow and steady and range of motion is decreased due to pain. He has failed conservative treatment and narcotic treatment. Surgery was recommended. Most recent progress report dated 8-25-15 reports continued complaints of pain. He states that he is back to work and his legs are killing him. He is awaiting approval of surgery. Objective findings: new finding, he has positive crossed slr (straight-leg -raising) and tight hamstrings with weakness of EHL, he has lumbar spasm and decreased range of motion. Lumbar myelogram dated 3-30-15 reveals L4-5, L5-S1 degenerative disk disease, L5-S1 disk osteophyte formation resulting in compression of the exiting right S1 nerve root and descending right S2 nerve. Treatments include: medication, L4-5 discectomy surgery in 2007 and 2008, spinal cord stimulator 2008. Request for authorization 8-28-15 was made for Lumbar spine fusion, pre-op clearance, post-op durable medical equipment and post-op physical therapy of the low back 24 sessions. Utilization review dated 9-14-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

L/S 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, Low Back chapter.

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 California MTUS guidelines recommend lumbar surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. Documentation does not provide this evidence. The requested treatment: L/S Fusion is not medically necessary and appropriate.

Pre-op 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.

Post-op DME: 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.

Post-op physical therapy of the low back times 24: 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.