

Case Number:	CM15-0194193		
Date Assigned:	10/08/2015	Date of Injury:	08/10/2010
Decision Date:	12/01/2015	UR Denial Date:	09/23/2015
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:

The injured worker is a 48 year old male who sustained an industrial injury on 8-10-10. The medical records indicate that the injured worker is being treated for lumbar post laminectomy pain syndrome, radiculopathy, herniated disc, spinal stenosis, spondylosis without myelopathy; lumbago; bilateral sacroiliitis. He currently (9-4-15) complains of low back that is greater on the left than on the right with pins and needles in the lower abdomen and right hip with a pain level of 8-9 out of 10 on average and 9 out of 10 at its worst; left lower extremity pain with radiation to the right knee to ankle with weakness in the left leg causing him to limp and with a pain level of 9 out of 10. He is unable to kneel or squat. His overall pain level was consistent at 9 out of 10 since 5-18-15 with a 0 out of 10 level after the 6-16-15 surgery and 6 out of 10 on 7-8-15. On physical exam (9-4-15) of the back there was tenderness to palpation along the bilateral mid to lower lumbar paraspinal muscles, worse on the left than the right, tenderness along the bilateral sacroiliac joints, decreased range of motion. The diagnostics performed included computed tomography of the lumbar spine (9-8-15 and 4-20-15) showing unchanged L2-3 and L5-S1 anterior and posterior fusion, interval L3-4 and L4-5 anterior and posterior fusion, no post-operative complications: L3-4 mild left foraminal stenosis; MRI of the lumbar spine (4-20-15) showing post-operative changes with fusion at L2-3, L4-5 bulge and severe osteoarthritis, minimal L3-4 bulge with retrolisthesis. He has been treated with L3-4 and L4-5 fusion (6-16-15); L2-3 fusion (2-19-14); hardware removed from the surgical site (8-2003) due to severe back pain; lumbar fusion at L5-S1 (11-2001); chiropractic treatment (3 sessions) with minimal relief and increased low back pain; acupuncture and acupressure with some relief; physical therapy (12

sessions) with good relief; 2 epidural steroid injections with no relief; medications: Percocet, gabapentin, Norflex and he gets 50% relief with medication and is able to stand and walk longer. In addition he has been on Relafen, tramadol, topical creams, gabapentin, methocarbamol, Prilosec and Norco which were discontinued. The request for authorization was not present. On 9-23-15 Utilization Review non-certified the request for left lumbar L2-3, L3-4, L4-5 re- exploration, laminotomy, foraminotomy and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-3, L3-4, L4-5 Re-Exploration, Laminotomy, Foraminotomy: 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: 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 patient's most recent lumbar surgical procedure is only five months ago. Documentation does not show efforts to relieve the patient's pain short of analgesics. No red flags are documented. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. This patient's medical record shows four failed operative interventions. It is not likely a fifth will have any better success, given the lack of any significant findings on his C.T. scan. The requested treatment is not medically necessary and appropriate.

Pre-operative 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Services: 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.

Associated Surgical Services: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.