

Case Number:	CM15-0198738		
Date Assigned:	10/15/2015	Date of Injury:	02/03/2015
Decision Date:	12/31/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/09/2015

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, Indiana, Oregon
 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:

This is a 45 year old male who sustained an industrial injury on 2-3-2015. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc degeneration, radiculopathy, spinal stenosis and spondylolisthesis. According to the progress report dated 9-14-2015, the injured worker complained of low back pain and bilateral buttock pain. He reported limited walking and standing tolerances, approximately ten minutes. It was noted that the injured worker wanted to obtain a surgical opinion prior to any injections. The physical exam (9-14-2015) revealed a short step gait. The injured worker had difficulty with heel and toe walking. Treatment has included physical therapy, back brace and medications. The physician noted (9-14-2015) that lumbar spine x-rays showed severe degenerative changes at L4-5 and L5-S1. There was a grade I-II anterolisthesis at L4-L5 of 12mm, stable with flexion and extension. The physician noted that magnetic resonance imaging (MRI) showed L4-5 left paracentral disc herniation and facet and ligamentum hypertrophy contributing to moderate to severe central stenosis and severe left subarticular stenosis and moderate to severe bilateral neuroforaminal stenosis. Later in the same note, the physician recommended fusion given instability noted on upright x-rays. The request for authorization was dated 9-23-2015. The original Utilization Review (UR) (9-30-2015) denied a request for L4-5 laminectomy, fusion, TLIF (transforaminal lumbar interbody fusion) autograft allograft and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 laminectomy, fusion, TLIF (transforaminal lumbar interbody fusion) autograft allograft: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this case, there is no evidence of comprehensive non-surgical treatment including injection. The request is not medically necessary.

Associated service: LSO (lumbosacral orthosis) brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associate service: hospital stay 2 nights: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre operative labs: CBC (complete blood count), BMP (basic metabolic panel): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre -operative labs: Prothrombin Time (PT), Partial Thromboplastin time (PTT): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associate service: electrocardiogram (EKG): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associate service: Chest X-Ray: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associate service: Surgical assistant PA: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.