

Case Number:	CM15-0199102		
Date Assigned:	10/14/2015	Date of Injury:	12/27/2012
Decision Date:	12/09/2015	UR Denial Date:	09/23/2015
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: 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 40-year-old male, with a reported date of injury of 12-27-2012. The diagnoses include herniated nucleus pulposus at L4-5 and L5-S1 with foraminal stenosis with nerve root impingement and grade 1 listhesis at L4-5; and bilateral L5 radiculopathy. Treatments and evaluation to date have included cognitive behavioral therapy, Cymbalta, Lyrica, Gabapentin, Norco, and Hydrocodone. The diagnostic studies to date have included an MRI of the lumbar spine on 10-29-2013 which showed grade 1 retrolisthesis of L4 over L5, disc desiccation at L3-4 down to L5-S1 with mild associated loss of disc height at L5-S1; electrodiagnostic studies of the lower extremities on 11-05-2013 which showed bilateral chronic active L5 radiculopathy. The medical report dated 06-21-2015 indicates that the injured worker complained of constant, severe pain in the lower back. He rated the pain 9 out of 10. The pain radiated to the legs and knees, and was associated with numbness in the legs and feet, tingling in the left legs, as well as weakness in the legs and feet, left greater than right. The injured worker's activities of daily living that were affected included self-care and personal hygiene. It was noted that the injured worker underwent an MRI of the lumbar spine on 10-13-2015 which showed grade 1 listhesis at L4-5 with disc protrusion and bilateral nerve impingement and degenerative disc disease at L3-4, L4-5, and L5-S1, disc herniation at L5-S1 with moderate foraminal stenosis and nerve root impingement. The physical examination showed loss of lordosis, decreased range of motion, 3+ tenderness to palpation, positive bilateral straight leg raise at 30 degrees with sciatica, decreased left toe standing, and decreased sensation to pinprick in the left posterior lateral thigh, anterior lateral calf, and posterior calf. The treating physician recommended

bilateral lumbar surgery. The injured worker's work status was not indicated. The treating physician requested bilateral laminectomy and discectomy, foraminotomy and facetectomy at L4-5 and L5-S1 with posterior lumbar interbody fusion with cages and pedicle screws and posterior lateral fusion and five associated services. On 09-23-2015, Utilization Review (UR) non-certified the request for bilateral laminectomy and discectomy, foraminotomy and facetectomy at L4-5 and L5-S1 with posterior lumbar interbody fusion with cages and pedicle screws and posterior lateral fusion and five associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Laminectomy and Discectomy, Foraminotomy/Facetectomy at L4-5 and L5-S1 with Posterior Lumbar Interbody Fusion with Cages and Pedicle Screws and Posterior Lateral Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

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 these conditions. His magnetic resonance imaging scan (MRI) showed no severe canal or foraminal stenosis. His provider recommended a posterior interbody lumbar arthrodesis and posterior lateral fusion. Documentation does not present evidence of instability or radiculopathy. According to the Guidelines for the performance of fusion procedures for degenerative diseases of the lumbar spine, published by the joint section of the American Association of Neurological surgeons and Congress of Neurological surgeons in 2005 there was no convincing medical evidence to support the routine use of lumbar fusion at the time of primary lumbar disc excision. This recommendation was not changed in the update of 2014. The update did note that fusion might be an option if there is evidence of spinal instability, chronic low back pain and severe degenerative changes. Documentation does not show instability or severe degenerative changes. This patient has not had any of these events. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment: Bilateral Laminectomy and Discectomy, Foraminotomy/Facetectomy at L4-5 and L5-S1 with Posterior Lumbar Interbody Fusion with Cages and Pedicle Screws and Posterior Lateral Fusion is / are not medically necessary and appropriate.

Associated Surgical Service: Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Service: 2-3 Days Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 Service: DME Back Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 PT 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

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.