

Case Number:	CM15-0202172		
Date Assigned:	10/21/2015	Date of Injury:	05/14/2013
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/14/2015

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 injured worker is a 51 year old male, who sustained an industrial injury on 05-14-2013. The injured worker was diagnosed as having low back pain - numbness, lumbar disc herniation with radiculopathy, degeneration of lumbar or lumbosacral intervertebral disc, lumbar radiculitis, lumbago, displacement of lumbar intervertebral disc without myelopathy and neuropathic pain. On medical records dated 07-24-2015 the subjective complaints were noted as low back and leg pain. Pain was noted to radiate down right leg, numbness was noted as well. Pain was rated at 8 out of 10 without pain medication. Pain was noted as better with medication. Objective findings were noted as lumbar spine tenderness to palpation the lumbar paraspinal, limited range of motion due pain and straight leg raise was positive on the right. Treatments to date included medications. MRI of the lumbar spine on 07-01-2015 revealed transitional lumbosacral segment considered S1 for the purposes of this examination, this then places the conus medullaris posterior to L1, moderately severe narrowing of the right L5-S1 neuroforamen with mild impingement of the exiting right L5 nerve root, likely accounting for patient right radicular symptoms, there was also moderate narrowing of the left L5-S1 neuroforamen. Current medications were listed as Flexeril, Tramadol, Naproxen, Gabapentin, Omeprazole, and Trazodone. The Utilization Review (UR) was dated 10-06-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for posterior lumbar L5-S1 laminectomy transforaminal interbody fusion (using PEEK spacer filled with local bone) and L5-S1 posterior segmental fixation, associated surgical service 4 days inpatient stay, pre-operative echocardiogram, post - operative DME walker with front wheels, raised toilet seat and grabber was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Lumbar L5-S1 Laminectomy Transforaminal Interbody Fusion (Using PEEK Spacer Filled with Local Bone) and L5-S1 Posterior Segmental Fixation: 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), Low Back Chapter, Psychological Screening.

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. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment: Posterior Lumbar L5-S1 Laminectomy Transforaminal Interbody Fusion (Using PEEK Spacer Filled with Local Bone) and L5-S1 Posterior Segmental Fixation is not medically necessary and appropriate.

Associated surgical service: 4 Days inpatient stay: 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.

Pre-operative Echocardiogram: 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.

Post-op DME: Walker with Front Wheels: 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.

Post-op DME: Raised Toilet Seat: 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.

Post-op DME: Grabber: 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.