Case Number:	CM15-0203097		
Date Assigned:	10/19/2015	Date of Injury:	12/08/2005
Decision Date:	12/04/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/15/2015

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: Minnesota, Florida
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:

The injured worker is a 54-year-old male, who sustained an industrial injury on 12-8-05. The injured worker was diagnosed as having spinal cord injury without spinal bone injury-likely central cord syndrome, cervical post-laminectomy syndrome, and lumbar post-laminectomy. Treatment to date has included cervical fusion in 2011, lumbar fusion in 2011, and medication including Lyrica. Physical examination findings on 9-10-15 included weakness of the hands in the C8-T1 distribution. Mild weakness of the C7 triceps and wrist extension and C5-6 wrist and shoulder flexion was noted. On 9-10-15, the treating physician noted "minimal sensation in C6 distal." The biceps and triceps deep tendon reflexes were rated as 0 of 3 bilaterally and the brachioradial reflex was rated as 1 of 3 bilaterally. On 9-10-15, the injured worker complained of neck and back pain rated as 6 of 10 with medication and 9 of 10 without medication. On 9-8-15, the treating physician requested authorization for laminectomy, decompression, fusion 2 level hardware adjustment removal and a 3-day inpatient stay. On 9-16-15, the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy, Decompression, Fusion 2 Level Hardware Adjustment removal: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (20th Annual Edition), 2015, Low Back Chapter.

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

Decision rationale: The injured worker is a 54-year-old male with a date of injury of 12/8/2005. Progress notes dated 9/10/2015 indicate he is status post cervical and lumbar fusion and complains of increased pain in the cervical spine and increased pain in the lumbar spine. He noted that he still had no hand strength. He also did not have motor coordination and could not do buttons or any detailed use of hands. The medical history was positive for anxiety, heart attack, hypertension, hospitalization for bleeding ulcers in 2010. Surgeries included cervical fusion (12/21/2011) and lumbar fusion (6/28/2011). He was smoking or using tobacco products regularly. He stated that he was no longer drinking although he had a history of alcohol abuse associated with opioids. The notes from August 2015 indicate that he was seen by his wife with a bottle of water. On examination, there was severe weakness of hands in the C8-T1 distribution, mild weakness of C7 triceps/wrist extension and C5-6 wrist flexion and shoulder flexion. The biceps and triceps reflexes were absent and brachioradialis was 1/3 bilaterally. Examination of the lumbar spine was not performed. The provider requested an MRI of the cervical spine. The diagnosis with regard to the lumbar spine is listed as lumbar post laminectomy, lumbar radiculitis, chronic pain syndrome, spinal cord injury without spinal bone injury, likely central cord syndrome. The findings of the imaging studies have not been provided; however, the utilization review summary indicates that MRI of the lumbar spine dated 12/4/2014 showed anterior/posterior fusion at L5-S1, there was anterolisthesis and decreased height of the neural foramina at L5-S1 with the right side moderately narrow on the left side markedly narrow. Spondylosis was seen at L2-3, L3-4, and L4-5 but there was no canal stenosis. There was moderate narrowing of the right and left neural foramina at L4-5. There was mild to moderate left foraminal narrowing at L3-4.California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. A spinal fusion may be indicated in patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. In this case, there is no documentation of instability. The injured worker is a smoker and the documentation does not indicate smoking cessation for 6 weeks as necessitated by guidelines. Furthermore, there is no preoperative psychological screening documented as necessitated by guidelines. Based upon the documentation submitted, the guideline criteria for a laminectomy with lumbar fusion have not been met and as such, the medical necessity of the surgical request has not been substantiated.

3 Day 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.