

Case Number:	CM15-0203468		
Date Assigned:	10/20/2015	Date of Injury:	03/05/2015
Decision Date:	12/02/2015	UR Denial Date:	09/15/2015
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: 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 58 year old male, who sustained an industrial injury on 03-05-2015. He has reported injury to the low back. The diagnoses have included lower back pain and bilateral sciatica secondary mostly to L4-5 spondylolisthesis and stenosis; and lumbosacral strain. Treatment to date has included medications, diagnostics, and 24 sessions of physical therapy. Medications have included Vicodin, Naprosyn, and Flexeril. A progress report from the treating physician, dated 09-04-2015, documented an evaluation with the injured worker. The injured worker reported lower back pain radiating to both hips and legs to the point that it is precluding his ability to walk his dog and carry out his normal activities with his family; he has not able to sail, garden, and do other normal things that he has been used to in the past; he has been forced to having to continue working on a light duty basis with limited lifting. It is noted that physical therapy was ineffective at making any significant improvement of his condition. Objective findings included no tenderness present to the lumbar spine; range of motion allows for 90 degrees of flexion at the hips with forward reach to the ankles, extension of 20 degrees, and lateral bending of 30 degrees bilaterally; neurologic exam of the lower extremities reveals diffuse weakness in the lower extremities; and sensation is intact. The provider noted that an MRI of the lumbar spine, dated 03-12-2015, "shows a central disc protrusion at L4-5 which when combined with the spondylolisthesis causes a significant degree of spinal stenosis at that level; he has a left-sided disc protrusion at L5-S1 and slight disc protrusions at L2-3 and L3-4." The treatment plan has included the request for L4-5 laminectomy, operating microscope, and Coflex implantation; pre-op medical clearance; post-op lumbar brace; and associated surgical

service: assistant surgeon. The original utilization review, dated 09-15-2015, non-certified the request for L4-5 laminectomy, operating microscope, and Coflex implantation; pre-op medical clearance; post-op lumbar brace; and associated surgical service: assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Laminectomy, Operating Microscope and Coflex Implantation: 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: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Spinal fusion Chapter-Dynamic neutralization system (Dynesys).

Decision rationale: The California MTUS guidelines do recommend lumbar surgery if there is clear clinical, electrophysiological and imaging evidence of specific nerve root or spinal cord level of impingement which would correlate with severe, persistent debilitating lower extremity pain unresponsive to conservative management. Documentation does not provide this evidence. The ODG guidelines do not recommend a dynamic stabilization system of which the Coflex device is one. The ODG guidelines state they are not recommended for non-specific LBP. It may be an option for spondylolisthesis in elderly patients instead of fusion. This patient is not elderly. The requested treatment: L4-5 Laminectomy, Operating Microscope and Coflex Implantation is not medically necessary and appropriate.

Pre-Op Medical 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.

Post-Op Lumbar Brace: 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 Service: 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.