

Case Number:	CM15-0203469		
Date Assigned:	10/21/2015	Date of Injury:	10/24/2014
Decision Date:	12/03/2015	UR Denial Date:	09/17/2015
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:

This 40 year old male sustained an industrial injury on 10-24-14. Documentation indicated that the injured worker was receiving treatment for lumbago with lumbar spondylosis, herniated nucleus pulposus, lumbar disc degeneration and radiculitis. The injured worker underwent lumbar micro decompression at L5-S1 in January 2015. The injured worker received twelve sessions of postoperative physical therapy, lumbar corset, single point cane and medications. In an initial evaluation dated 5-6-15, the injured worker complained of low back pain with persistent radiation down the left leg, associated with numbness and tingling. The injured worker reported that surgery helped his pain slightly. In a PR-2 dated 7-2-15, the injured worker complained of ongoing left leg pain, rated 5 out of 10 on the visual analog scale, associated with numbness that radiated to his three toes. The physician noted that the injured worker had received authorization for additional physical therapy and epidural steroid injections but the injured worker wanted to get surgery instead. In a reevaluation dated 9-10-15, the injured worker complained of lumbar spine pain rated 3 out of 10 on the visual analog scale associated with left sided muscle spasms, stiffness, numbness and pain in the left leg. Physical exam was remarkable for lumbar spine with tenderness to palpation in the left lower lumbar area with spasms, and loss of the normal lordosis, range of motion: decreased sensation in the left S1 distribution, 1 plus bilateral patellar and right Achilles deep tendon reflexes and 1 plus left, 5 out of 5 bilateral lower extremity strength and positive left straight leg raise. The physician documented that magnetic resonance imaging lumbar spine (9-4-15) showed residual disc herniation, disc osteophyte complex with mass effect upon the transversing left S1 nerve root

and severe left neuroforaminal narrowing. X-rays of the lumbar spine showed L5-S1 loss of disc height. The physician noted that the injured worker had ongoing left leg symptoms and "significant" left lower back, buttock and leg pain. The physician recommended lumbar fusion at L5-S1. On 9-17-15, Utilization Review noncertified a request for transforaminal lumbar interbody fusion to left L5-S1 with posterior instrumentation at L5-S1 and the use of intraoperative microscopy with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Interbody Fusion (TLIF) to left L5/S1 with Posterior Instrumentation to L5/S1 with Posterior Instrumentation to the L5/S1 and use of operative microscope: Upheld

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

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 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. His magnetic resonance imaging scan (MRI) showed no severe canal or foraminal stenosis or nerve root impingement. His provider recommended a transforaminal lumbar interbody arthrodesis with posterior Instrumentation to L5/S1 to treat his lumbago and lumbosacral spondylosis without myelopathy. Documentation does not present evidence of instability. 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. The California MTUS guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment: Transforaminal Lumbar Interbody Fusion (TLIF) to left L5/S1 with Posterior Instrumentation to L5/S1 with Posterior Instrumentation to the L5/S1 and use of operative microscope is not medically necessary and appropriate.

Pre-operative Complete Blood Count: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-operative Chem 7: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-operative Prothrombin time (PT)/International Normalized Ratio (INR): 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-operative Urinalysis: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-operative Electrocardiogram: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-operative Chest X-ray: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.