

Case Number:	CM15-0204346		
Date Assigned:	10/21/2015	Date of Injury:	05/20/2014
Decision Date:	12/03/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/19/2015

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 50-year-old male, who sustained an industrial injury on May 20, 2014. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having L3-L5 stenosis disc herniation. Treatment to date has included diagnostic studies, surgery, physical therapy, acupuncture without relief, transcutaneous electrical nerve stimulation unit without relief, H-wave device without relief and medications. He received two epidural injections but he later developed retinopathy to his left eye. On September 1, 2015, the injured worker reported ongoing low back pain with radiation to the right buttock, right groin, anterior thigh and shin with tingling. He was developing radiating left leg pain in the same distribution. The injured worker reported that his symptoms were progressively getting worse and he was basically homebound because of his severe pain. Physical examination revealed tenderness with palpation of the lumbar spine midline, paralumbar musculature bilaterally and sacroiliac joint and sciatic notch on the right. Notes stated that the injured worker was treated conservatively but continues to have significant symptoms. The treatment plan included an MRI of the lumbar spine and possible surgery. On September 18, 2015, an MRI of the lumbar spine revealed L4-L5 3mm central-right paracentral protrusion and annular bulge with mild facet and ligamentum flavum hypertrophy, mild to moderate right and mild left foraminal stenosis with mild narrowing of the central canal and right lateral recess and L3-L4 3 mm broad-based central protrusion and annular bulge with mild facet ligamentum flavum hypertrophy, mild bilateral foraminal and central canal stenosis. On September 25, 2015, the injured worker continued to have worsening back pain with radiculopathy symptoms and pain

radiating toward the bilateral medial legs and groin. His back pain was noted to be debilitating at times and he reported difficulty with range of motion and simple activities of daily living. The treatment plan included L3-L5 laminectomy with instrumented spinal fusion. On October 9, 2015, utilization review denied a request for L3-L5 laminectomy with posterior spinal fusion and transforaminal lumbar interbody fusion, surgical assistant, hospital length of stay three days, pre- op clearance including CBC, BMP, PT and EKG and post-op classic back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-5 Laminectomy with Posterior Spinal Fusion and Transforaminal Lumbar Interbody Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 this. The California MTUS guidelines recommend lumbar surgery when the patient has had severe persistent, debilitating, lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The California MTUS guidelines note that the efficacy of fusion in the absence of instability has not been proven. Therefore, the requested treatment is not medically necessary and appropriate.

Surgical Assistant: 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: Hospital Length of Stay (3-days): 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-op CBC: 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-op BMP: 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-op Prothrombin Time (PT): 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-op EKG: 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 Classic Back 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.