

Case Number:	CM15-0204626		
Date Assigned:	10/21/2015	Date of Injury:	11/14/2014
Decision Date:	12/07/2015	UR Denial Date:	10/06/2015
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 61-year-old male with a date of injury on 11-14-2014. The injured worker is undergoing treatment for lumbar spondylosis, 5-6mm right foraminal disc protrusion L5-S1 with moderate right neural foraminal stenosis. Comorbidities include stroke and hypertension. Physician progress note dated 08-10-2015 and 09-21-2015 documents the injured worker has received 2 epidural steroid injections with no significant benefit. He also has loss of memory, dizziness and tinnitus due to the head injury. He complains of severe constant low back pain, which radiates to his buttocks, posterior thighs, calves and feet associated with numbness in his left posterior thigh and calf. Pain interferes with standing, lifting, bending and twisting. He has intermittent neck pain, which is quite severe at times. His gait is slow and guarded but no limp or weakness is present. Range of motion is restricted and painful. He has numbness in his left posterior calf. Treatment to date has included diagnostic studies, medications, lumbar epidural block, 12 physical therapy visits, and epidural steroid injections. In a physical therapy note dated 04-17-2015 documents he has made progress with physical therapy, he has decreased pain and increased strength. He would benefit from additional physical therapy for increased range of motion, decrease in pain and increase in functional activities. A Magnetic Resonance Imaging of the lumbar spine done on 03-10-2015 showed multilevel disc bulging with moderate lateral recess stenosis and facet hypertrophy. In L5-S1 there is a 5-6 foraminal and far lateral protrusion extending into the right neural foramen, which does moderately narrow the distal right neural foramen, which may affect the exiting right L5 nerve root far laterally. He is not working. The Request for Authorization dated 09-25-2015 includes Associated surgical service: 14 day

rental of one cold compression unit, Associated surgical service: 3 day inpatient stay, Associated surgical service: Purchase of one 3 in 1 bedside commode, Associated surgical service: Purchase of one 4 point front wheel walker, Associated surgical service: Purchase of one Cybertech back brace, Inpatient surgical laminectomy, posterior lumbar interbody fusion with cage L5-S1, posterolateral fusion with instrumentation L5-S1, and Pre-operative medical clearance consult. On 10-06-2015 Utilization Review non-certified the request for Inpatient surgical laminectomy, posterior lumbar interbody fusion with cage L5-S1, posterolateral fusion with instrumentation L5-S1, and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient surgical laminectomy, posterior lumbar interbody fusion with cage L5-S1, posterolateral fusion with instrumentation L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Indications for Surgery-Discectomy, Cage, Instrumentation: Hardware.

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. Therefore, the requested treatment is not medically necessary and appropriate.

Associated surgical service: 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.

Pre-operative medical clearance consult: 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: Purchase of one Cybertech 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.

Associated surgical service: Purchase of one 4-point front wheel walker: 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: Purchase of one 3-in-1 bedside commode: 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: 14-day rental of one cold compression unit: 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.