

Case Number:	CM15-0205846		
Date Assigned:	10/22/2015	Date of Injury:	04/08/1988
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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, who sustained an industrial injury on 4-8-88. The documentation on 8-31-15 noted that the injured worker has complaints of back pain that radiates across the lower back and is associated with numbness and weakness. The documentation noted that palpation over the back does not elicit pain symptoms and range of motion is restricted with flexion and extension in the lumbar spine. The documentation noted that the Controlled Substance Utilization Review and Evaluation System report has been okay. The diagnoses have included post-laminectomy lumbar; post laminectomy thoracic and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included injections; stimulator implant; Ambien; Norco; tramadol and a L4-S1 (sacroiliac) laminectomy. The original utilization review (10-13-15) non-certified the request for L3-L4 lateral lumbar fusion; assistant surgeon; inpatient hospital stay (3 days); per-operative psychological evaluation, complete blood count, comprehensive metabolic panel, prothrombin, partial thromboplastin time (PTT) and electrocardiogram and associated surgical services for front wheel walker (purchase) and colder therapy unit (purchase).

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 Lateral Lumbar Fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery - Discectomy/laminectomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of these conditions. The observation was also made that perhaps hardware should be removed, but according to ODG guidelines this should only occur if it were broken, infected or found to be a pain generator. No evidence is presented this is the case. The requested treatment: L3-L4 Lateral Lumbar Fusion is not medically necessary and appropriate.

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.

Associated surgical services: Inpatient Hospital 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-Operative Psychological Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

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 Lab: CBC: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web) 2015, Low Back, Preoperative testing, general.

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 Lab: CMP: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web) 2015, Low Back, Preoperative testing, general.

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 Lab: PT/PTT: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web) 2015, Low Back, Preoperative testing, general.

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 EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation, Online Edition, Low Back - Lumbar & Thoracic, Preoperative electrocardiogram (ECG), Preoperative testing, general.

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: Front Wheel Walker (purchase): 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) Treatment Index, 13th Edition (web) 2015, Knee & Leg, Walking Aids (canes, crutches, braces, orthoses, & walkers).

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: Cold Therapy Unit (purchase): 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) Treatment Index, 13th Edition (web) 2015, Low Back, Cryotherapy, Cold/heat packs.

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.