

Case Number:	CM15-0206292		
Date Assigned:	10/23/2015	Date of Injury:	12/27/2013
Decision Date:	12/08/2015	UR Denial Date:	09/21/2015
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 45 year old male who sustained an industrial injury on 12-27-2013. A review of the medical records indicated that the injured worker is undergoing treatment for spondylolisthesis. According to the treating physician's progress report on 08-26-2015, the injured worker continues to experience low back pain radiating to the right leg. Examination demonstrated tenderness to palpation in the lumbosacral junction and tightness to straight leg raise bilaterally. There was decreased range of motion with flexion and extension. No motor or sensory deficits were present. Lumbar spine magnetic resonance imaging (MRI) (no date documented) interpreted within the progress note dated 08-26-2015 showed "spondylolisthesis at L5-S1 with impingement of the exiting nerve roots". Prior treatments have included diagnostic testing, physical therapy, psychological evaluation and medications. Current medications were listed as Norco and Xanax. Initial request for surgical intervention was denied based on the findings of illicit drugs (cocaine) on random screening. There was no submitted urine drug screening in the medical review. Treatment plan consists of the current request for L5-S1 anterior-posterior laminectomy with fusion instrumentation, spinal cord monitoring, assistant surgeon, and pre-operative chest X-ray, Electrocardiogram (EKG), methicillin resistant Staphylococcus aureus (MRSA) screen, urinalysis and lumbosacral orthosis. On the Utilization Review determined the request for L5-S1 anterior-posterior laminectomy with fusion instrumentation, spinal cord monitoring, assistant surgeon, pre-operative chest X-rays, Electrocardiogram (EKG), methicillin resistant Staphylococcus aureus (MRSA) screen, urinalysis and lumbosacral orthosis was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 anterior/posterior laminectomy with fusion instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter-Lumbar & Thoracic, Indications for Surgery Discectomy/laminectomy and Fusion (spinal).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

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. California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of these conditions. While the MRI scan of 2014 notes a L5-S1 spondylolisthesis, there are no accompanying movement images showing worsening or instability or central spinal canal stenosis L2-S1. The requested treatment: L5-S1 anterior/posterior laminectomy with fusion instrumentation is not medically necessary and appropriate.

Spinal cord monitoring: 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.

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.

Preoperative 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Preoperative 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.

Preoperative UA: 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.

Preoperative MRSA screen: 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: LSO brace for the lumbar spine: 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.