

Case Number:	CM15-0209197		
Date Assigned:	10/29/2015	Date of Injury:	09/12/2014
Decision Date:	12/10/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/23/2015

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 62 year old male, who sustained an industrial injury on September 12, 2014. The injured worker was currently diagnosed as having lumbar strain, lumbar spondylosis and degenerative disc disease L2-3, L3-4, L4-5 and L5-S1, moderate to severe central stenosis L3-4, moderate to severe bilateral foraminal stenosis L4-5 and L5-S1 and spondylosisthesis L3-4 and L4-5. Treatment to date has included diagnostic studies, injection and medications. On September 30, 2015, the injured worker complained of severe low back pain. The pain radiated into his buttocks bilaterally and down the left lateral and posterior thigh and calf to his foot. He experienced occasional numbness in his left lateral calf. The injured worker stated that his pain was no longer tolerable. Notes stated that he underwent a second lumbar epidural steroid injection approximately three months ago. He stated that with both the first and second injections, he had two and a half to three weeks of dramatic relief of his back and leg pain but then the pain recurred at the same level as it was prior to the injection. Physical examination revealed lumbosacral midline tenderness. Lumbar range of motion was "moderately diminished." Notes stated that the injured worker was a candidate for decompression and spinal fusion of L3-4, L4-5 and L5-S1. Notes stated that the greatest likelihood of success would entail an anterior lumbar interbody fusion L3-4, L4-5 and L5-S1 followed by laminectomy and posterior instrumented spinal fusion L3-S1. On October 15, 2015, utilization review denied a request for decompression and spinal fusion L3-4 L4-5 and L5-S1, lumbar interbody fusion followed by laminectomy and fusion, five day inpatient hospital stay, preoperative clearance,

Cybertech back brace purchase, cold compression therapy unit purchase, back pad compression purchase, four point front wheel walker purchase and 3 in 1 bedside commode.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression and spinal fusion L3-4, L4-5, & L5-S1, lumbar interbody fusion followed by laminectomy and fusion: Upheld

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

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. The requested treatment: Decompression and spinal fusion L3-4, L4-5, & L5-S1, lumbar interbody fusion followed by laminectomy and fusion is not medically necessary and appropriate.

Five day inpatient hospital 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.

Preoperative clearance: 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: Cybertech back brace purchase: 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: Cold compression therapy unit purchase: 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: Back pad compression purchase: 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: Four point front wheel walker purchase: 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: 3 in 1 beside 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.