

Case Number:	CM15-0026671		
Date Assigned:	02/19/2015	Date of Injury:	09/09/2011
Decision Date:	04/17/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/12/2015

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: Oregon, 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 73-year-old male who reported an injury on 09/09/2011. The mechanism of injury was not specifically stated. The current diagnoses include low back pain with lumbar degenerative disc disease and spondylolisthesis with severe stenosis and right leg radiculopathy. The injured worker presented on 01/12/2015 with complaints of low back pain and radiating symptoms into the right lower extremity. The injured worker reported an attempt at physical therapy and epidural injections with minimal improvement of symptoms. The injured worker reported ongoing, severe and worsening pain. Upon examination, there was a positive straight leg raise on the right at 45 degrees, 4/5 motor weakness on the right, diffuse paraspinal tenderness, and limited range of motion with 30 degree flexion and 20 degree extension. Sensation was intact throughout. Kemp's sign was also positive. X-rays of the lumbar spine obtained on 01/12/2015 reportedly indicated grade 1 spondylolisthesis at L4-5. Recommendations at that time included an L4-5 transforaminal and posterior fusion with laminectomy followed by postoperative physical therapy. Preoperative clearance and durable medical equipment were also recommended. A Request for Authorization form was then submitted on 01/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient L4-5 transforaminal and posterior fusion and L4-5 laminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. According to the documentation provided, the injured worker had been treated with physical therapy and epidural injection with only minimal improvement in symptoms. However, there is no documentation of an exhaustion of treatment. There was no psychological examination provided for this review. There was also no documentation of spinal instability upon flexion and extension view radiographs. Given the above, the request is not medically appropriate at this time.

Pre-op medical 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.

Polar care 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.

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.

Post op physical therapy 2x6 for a total of 12 visits: 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.