

Case Number:	CM15-0212214		
Date Assigned:	11/02/2015	Date of Injury:	01/15/2011
Decision Date:	12/15/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/28/2015

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 43 year old male, who sustained an industrial injury on 01-15-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain and lumbar radiculopathy. Medical records (03-12-2015 to 08-25-2015) indicate ongoing low back pain with radiating pain into the left hip. Pain levels were rated 7-10 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity level or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-25-2015, revealed tenderness to palpation over the lumbar paraspinal musculature, no tenderness over the lumbar spinous process, full range of motion, and decreased sensation over the left L5 dermatome. Relevant treatments have included: physical therapy (PT), epidural steroid injection, work restrictions, and pain medications. The treating physician indicates that a MRI of the lumbar spine (08-16-2014) showed a 6mm L5-S1 disc protrusion with severe loss of disc space causing moderate to severe foraminal stenosis. The request for authorization (09-09-2015) shows that the following services were requested: lumbar fusion and decompression at L5-S1, 3 day inpatient stay, pre-op clearance history and physical, pre-op EKG, pre-op chest X-ray, pre-op chem-panel, pre-op CBC (complete blood count), and pre-op PTT (Partial thromboplastin time) and INR (International normalized ratio). The original utilization review (09-28-2015) non-certified the request for lumbar fusion and decompression at L5-S1, 3 day inpatient stay, pre-op clearance history and physical, pre-op EKG, pre-op chest X-ray, pre-op chem-panel, pre-op CBC (complete blood count), and pre-op PTT (Partial thromboplastin time) and INR (International normalized ratio).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar fusion and decompression at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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. His magnetic resonance imaging scan (MRI) showed no severe canal or foraminal stenosis or nerve root impingement. The disc extrusion at L5-S1 was noted to be only small. He had a full range of motion of his back and only sensory changes in his leg. His provider recommended a lumbar fusion and decompression. Documentation does not present evidence of instability or radiculopathy. According to the Guidelines for the performance of fusion procedures for degenerative diseases of the lumbar spine, published by the joint section of the American Association of Neurological surgeons and Congress of Neurological surgeons in 2005 there was no convincing medical evidence to support the routine use of lumbar fusion at the time of primary lumbar disc excision. This recommendation was not changed in the update of 2014. The update did note that fusion might be an option if there is evidence of spinal instability, chronic low back pain and severe degenerative changes. Documentation does not show instability or severe degenerative changes. The California MTUS guidelines note that the efficacy of fusion in the absence of instability has not been proven. The requested treatment: Lumbar fusion and decompression at L5-S1 is not medically necessary and appropriate.

Associated surgical service: Inpatient stay x 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op clearance, history and physical: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op chem panel: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op CBC: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op PTT: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op INR: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.