MAXIMUS Federal Services

Case Number:	CM15-0214292		
Date Assigned:	11/04/2015	Date of Injury:	03/13/2014
Decision Date:	12/21/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/30/2015

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 49 year old female with a date of injury on 03-13-2014. The injured worker is undergoing treatment for chronic persistent axial neck pain, right-sided buttock pain, and lower back pain. A physician pain management note dated 09-08-2015 documents she has constant lumbar, right gluteal, and left lateral thigh pain rated 5-6 out of 10 on the Visual Analog Scale. She is taking 5 Tramadol a day but it lasts about two hours. Pain level without medications is 10 out of 10 and with medications it is 5-6 out of 10. She takes Trazadone for sleep and Neurontin for the burning pain. A physician progress note dated 09-14-2014 documents she has continued complaints of left leg numbness in the anterior thigh and pain as well as right buttock pain. A physician progress note dated 10-12-2015 documents the injured worker still has low back pain that radiates down the left leg hamstring, lateral aspect of the leg to about knee level and down the right side, right buttock, and hip area. She has slight tenderness in the lumbar area. Lumbar range of motion is restricted. She ambulates without a device but she has a slow antalgic gait. She has a positive straight leg raise on the left and negative on the right. There is diminished sensation in the left lateral thigh. The physicain is recommending removal of posterior pedicle screws and rods be removed at L5-S1 and left sided L5-S1 lumbar foraminotomy. She is not working. Treatment to date has included diagnostic studies, chiropractic sessions, physical therapy, 12 aquatic sessions, lumbar steroid injections, status post minimally invasive anteroposterior spinal surgery, removal of the disc at L5-S1 and insertion of a interbody cage at that level with a cadaver bone as well as Infuse to stabilities that anterior level with screws followed by PSF with instrumentation at L5-S1 with pedicle screws

between L5 and S1 on 12-02-2014. Current medications include Nucynta, Gabapentin and Tramadol, and residual Norco or Percocet for more severe pain but not daily. There is an unofficial report of a computed tomography done in October of 2015 that reveals a solid fusion at L5-S1, stable posterior pedicle screws and anterior screws at L5-S1 with signs of hardware failure. There is actual moderate foraminal stenosis at L5-S1 noted. A Nerve conduction done on 09-04-2015 shows abnormalities involving the left 5th lumbar nerve root. The Request for Authorization includes associated surgical service: assistant surgeon, associated surgical service: Front wheeled walker, associated surgical service: Lumbar back brace and posterior removal of instrumentation at L5-S1 and left L5-S1 foraminotomy. On 10-22-2015 Utilization Review non-certified the request for associated surgical service: Assistant surgeon, associated surgical service: front wheeled walker, associated surgical service: Lumbar back brace and posterior removal of instrumentation at L5-S1 and left L5-S1 foraminotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior removal of instrumentation at L5-S1 and left L5-S1 foraminotomy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter-Hardware removal.

Decision rationale: The ODG guidelines do not recommend hardware removal unless it is broken or infected or found to be a pain generator. Documentation does not show evidence of the hardware being broken or infected. Evidence is not provided that proves the hardware is a pain generator either. The requested treatment: Posterior removal of instrumentation at L5-S1 and left L5-S1 foraminotomy is not medically necessary and appropriate.

Associated surgical service: Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidleines (ODG), Lumbar spine, Assistant surgeon.

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: Lumbar back brace: 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), Lumbar spine.

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 wheeled 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.