

Case Number:	CM15-0034350		
Date Assigned:	03/02/2015	Date of Injury:	07/18/2012
Decision Date:	04/09/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/24/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic 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 49 year old male injured worker suffered an industrial injury on 7/18/2012. The diagnoses were chronic cervical lumbosacral musculoligamentous strain with disc disease, and carpal tunnel release. The diagnostic studies were x-rays of the cervical spine and right shoulder/hand magnetic resonance imaging of the lumbar spine. The treatments were physical therapy, chiropractic therapy, epidural steroid injections, and medications. The treating provider reported spasms, tenderness and guarding of the lumbar muscles with loss of range of motion with symptoms going into the right lower leg. The Utilization Review Determination on 2/18/2015 non-certified: 1. Two level laminectomy and interbody fusion at L4-S1, MTUS, ACOEM. 2. Medical clearance, ODG. 3. Inpatient hospitals stay x 2-3 days, ODG. 4. Post-operative physical therapy x 12, MTUS, ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two level laminectomy and interbody fusion at L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Discectomy/Laminectomy, Fusion (spinal).

Decision rationale: This injured worker is a 49-year-old male who sustained an industrial injury on 7/18/12. Injury occurred relative to repetitive work, such as mixing and applying cement, cutting wire, and operating forklifts. Past surgical history was positive for right carpal tunnel release in April 2014. Prior conservative treatment included medication management, lumbar epidural steroid injections, physical therapy, and activity modification. The 5/12/13 lumbar MRI impression documented 3 mm disc bulges, disc desiccation, and loss of disc height at L4/5 and L5/S1. There was bilateral foraminal narrowing and facet hypertrophy. The 11/3/14 lumbar spine x-rays documented mild to moderate narrowing at L4/5 and mild narrowing at L5/S1, with no evidence of spondylolysis or spondylolisthesis. The 12/11/14 consultant report cited constant grade 8/10 low back pain and spasms with numbness and tingling radiculitis to the right leg and knee. Pain increased with repetitive bending, stooping, prolonged standing and walking. He reported difficulty sleeping. He was wearing a brace and using a cane. Physical exam documented marked loss of range of motion due to guarding and pain, resistance to heel/toe walking, limited squat, and give way weakness at the ankle consistent with the exam and lack of full effort. Deep tendon reflexes were within normal limits. Straight leg raise was negative. The injured worker appeared to have numbness in the right posterior calf and lateral foot. Imaging findings were reported to include significant degenerative changes at L4/5 and L5/S1 with fatty type 3 Modic changes consistent with disc degeneration and transitional stresses at these 2 levels. There was a combination of broad-based disc protrusions, facet arthropathy and ligamentum flavum. There was mild to moderate subarticular and neuroforaminal stenosis. There was a right paracentral disc bulge displacing the S1 nerve root consistent with right lower extremity numbness. The diagnosis was lumbar spinal stenosis, lumbar degenerative disc disease, intractable mechanical lumbago, and right S1 radiculopathy with sensory deficit. The treatment plan recommended 2 level laminectomy and interbody fusion at L4/5 and L5/S1. The 2/18/15 utilization review non-certified the requests for two level laminectomy and interbody fusion at L4-S1, medical clearance, inpatient hospital stay x 2-3 days, and post-operative physical therapy x 12, citing the MTUS and Official Disability Guidelines. The rationale for non-certification included no imaging evidence of spinal instability or documentation of a recent conservative treatment trial and failure.

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.

Inpatient hospital stay x 2-3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: Hospital length of stay (LOS).

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

Post operative physical therapy x 12: 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.