

Case Number:	CM15-0037778		
Date Assigned:	03/10/2015	Date of Injury:	05/01/2013
Decision Date:	05/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/27/2015

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 57-year-old male who reported an injury on 05/01/2013. The injured worker reportedly suffered a low back injury while lifting a door. The current diagnoses include lumbar radiculopathy and lumbar stenosis. On 01/13/2015, the injured worker presented for a follow-up evaluation with complaints of persistent right sided lower back pain. The injured worker also reported associated numbness in the right lower extremity. The current medication regimen includes fentanyl, Norco, Soma, and Neurontin. Upon examination, there was moderate discomfort on palpation and the mid lumbar spine. There was a positive straight leg raise on the right at 45 degrees with diminished sensation to light touch at the bottom of the right foot. The right ankle reflex was absent upon examination. A prior MRI was documented on 12/11/2014, and reportedly revealed a 6 mm bilateral pars defect at L5-S1 with foraminal narrowing on the right causing lateral recess stenosis. The official imaging study was provided for this review, and corroborated postsurgical changes from a posterior instrumented spinal fusion at L5-S1. Treatment recommendations at that time included a redo decompression with exploration of fusion at the L5-S1 level to address radiculopathy. The injured worker was also issued a refill of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Fusion, Explore Fusion L5-S1, Decompression L5-S1: Upheld

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

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. In this case, it is noted that the injured worker has previously undergone a lumbar spinal fusion. However, there was no documentation of an attempt at any recent conservative treatment following the initial procedure prior to the request for a second surgery. There were no recent x-rays performed to address the current status of the fusion and possibility of nonunion. There was no documentation of instability upon flexion and extension view radiographs. Given the above, the request is not medically appropriate at this time.

Associated Surgical Service: Assistant Surgeon: 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: Hospital Stay (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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Aspen LSO Lumbar Brace: 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 Services: External Bone Growth Stimulator: 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.