

Case Number:	CM15-0044735		
Date Assigned:	03/16/2015	Date of Injury:	01/07/2013
Decision Date:	05/08/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/09/2015

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: 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 injured worker is a 56 year old male, who reported an industrial injury on 01/07/2013. The mechanism of injury involved a fall. The injured worker reported complex injuries involving his neck and low back with internal injuries. The injured worker is currently diagnosed as having left C8-T1 radiculopathy, T1-2 disc degeneration, prior C2-C6 anterior and posterior cervical decompression and fusion, L1-2 disc degeneration, L1-2 lumbar stenosis, prior L3 to S1 posterior lumbar decompression and fusion, chronic right C5, 6, 7, 8 cervical radiculopathy, chronic left C6-7 radiculopathy, severe left ulnar neuropathy at the wrist and elbow, and left median neuropathy. Treatment to date has included cervical and lumbar spine fusions, MRI of the lumbar spine, CT scan of the cervical spine, epidural steroid injections, and medications. In a progress note dated 01/06/2015, the injured worker presented with complaints of continued severe back pain in addition to severe right hip pain. The treating physician reported recommending posterior lumbar laminectomy with extension of fixation and fusion to this level, repeat lumbar epidural steroid injection, and prescribed Percocet. The Request for Authorization form was submitted on 01/06/2015 for a lumbar epidural steroid injection; posterior lumbar laminectomy with extension of a fixation and fusion at L1-2; preoperative laboratory testing; postoperative durable medical equipment; and a prescription for Percocet 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar laminectomy with extension of fixation and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305 and 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, there was no documentation of spinal instability upon flexion and extension view radiographs. In addition, the injured worker is pending authorization for a lumbar epidural steroid injection. The injured worker is also pending authorization for a medical clearance due to the need for significant weight loss prior to the surgery. There is also no documentation of a psychosocial screening completed prior to the request for a lumbar fusion. Given the above, the request is not medically appropriate.

Associated surgical service: 3 day LOS IP at Tri-City Medical Center: 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.

Pre-op Labs: CBC, BMP, PT, PTT, UA: 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.

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

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

Associated surgical service: Back Brace, Cold Therapy Unit, Front Wheel Walker, 3-1 Commode: 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.