MAXIMUS Federal Services

Case Number:	CM14-0104737		
Date Assigned:	07/30/2014	Date of Injury:	01/18/2010
Decision Date:	05/14/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/07/2014

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 62-year-old male who reported an injury on 01/18/2010. The mechanism of injury was the injured worker fell while putting a pipe on a rack. Prior treatments included medications, physical therapy, interferential unit, and a right L4-5 epidural steroid injection on 09/25/2013. The injured worker underwent electrodiagnostic and nerve conduction studies on 02/26/2014, which were within normal limits. The mechanism of injury was the injured worker was working in a tank, placing pipe inside the tank. There was a platform and somebody removed the platform where the injured worker had to step; the injured worker was concentrating where to place the pole and no one told him that they had removed the platform, and the injured worker went to the side and fell. The injured worker was treated with therapy and x-rays. The injured worker underwent an MRI of the lumbar spine on 02/07/2014, which revealed there were varying degrees of degenerative disc disease, more prominent at L1-2 through L3-4. At L5-S1, there was moderately severe facet arthropathy with accompanying ligamentum flavum infolding. There was a central and left paracentral disc bulge plus facet joint disease resulting in prominent left lateral recess stenosis contacting the proximal left S1 nerve root. At L4-5, there was a symmetric facet arthropathy with ligamentum flavum infolding and a broad based disc bulge resulting in moderate lateral recess stenosis contacting the L5 roots, the degree of narrowing was slightly greater on the right. At L3-4, there was a broad based disc bulge and low-grade facet joint disease resulting in mild effacement of the thecal sac and moderate lateral recess stenosis. At L2-3, there was a broad based disc bulge that was moderate in degree and greater on the right. There was a focal disc extrusion on the left extending inferior to the interspace, but still in

continuity with the rest of the disc. This results in compromise of both the traversing and proximal descending course of the left L3 root. There was possible contact of the right L3 root. The injured worker was noted to have a lumbar CT myelogram on 04/15/2014, which revealed multilevel spondylosis with moderate bilateral degenerative foraminal stenosis L2-3 through L5-S1. The documentation of 05/16/2014 revealed the injured worker was utilizing a cane to ambulate part time. The diagnoses included lumbar spine pain and bilateral sciatica, status post right knee partial medial meniscectomy, chondroplasty of the patellofemoral joint, patella and trochlea, synovectomy of the patellofemoral joint on 03/28/2013. A request was made for medications and an internal medicine consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-Operative Consultation with a Vascular 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.

Lumbar Decompression at the L2-S1 (Lumbar 2-Sacral 1) and Anterior Posterior Fusion at the L2-L5 (Lumbar 2-5): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG-TWC (Official Disability Guidelines- Treatment in Workers' Compensation): Online edition, Low Back Chapter - Lumbar & Thoracic: Fusion (spinal), Patient Selection Criteria for Lumbar Spinal Fusion, Discectomy/laminectomy; Official Disability Guidelines (ODG): Indications for Surgery.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Clinicians should consider referral for psychological screening to improve surgical outcomes. The clinical documentation submitted for review failed to provide documentation of a failure of conservative care. The specific conservative care was not provided. There was as lack

of documentation indicating the injured worker had activity limitations. There was a lack of documentation of objective findings upon physical examination, including myotomal and dermatomal findings, to support the necessity for a decompression. There was a lack of documentation of electrophysiologic evidence, as it was indicated that the nerve conduction study was within normal limits. Additionally, there was a lack of documentation of a psychological screening, as the requested surgical intervention was extensive and would include a fusion from L2-5. The clinical documentation submitted for review failed to provide documentation to support surgical intervention. Given the above, the request is not medically necessary.

Autologous Blood Donation (2 units): 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 (5-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.