

Case Number:	CM15-0114863		
Date Assigned:	06/26/2015	Date of Injury:	02/22/2011
Decision Date:	07/27/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/15/2015

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
 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 30 year old female, who sustained an industrial injury on 2/22/2011. The mechanism of injury was not noted. The injured worker was diagnosed as having disc herniation lumbar spine L4-5, L5-S1 with annular tear, back and bilateral leg pain with weakness, rule out cervical disc herniation, rule out right knee internal derangement, radiculopathy in the neck and back, and failed non-operative care for the lumbar spine. Treatment to date has included diagnostics, epidural steroid injections, and medications. Urine toxicology (3/31/2015) was negative for all tested analyses. Electromyogram and nerve conduction studies (2/05/2013) showed right active S1 denervation. Magnetic resonance imaging of the lumbar spine (5/18/2011) showed mild degenerative changes without evidence of central spinal stenosis or neural foraminal narrowing and a 4mm left paracentral disc protrusion at L5-S1, which may be impinging on the transiting left S1 nerve root. Currently, the injured worker complains of back and bilateral leg pain, weakness in the L4-5 and L5-S1 distribution, and loss of range of motion. It was documented that she had a 5mm disc herniation at the levels L4-5 and L5-S1. Updated imaging was not submitted. It was documented that she will not benefit from non-operative treatment and she wished to have surgery. Current medication regime was not noted. Surgical intervention, along with multiple associated services, was requested. The rationale for the requested procedure was weakness in her lower extremities, loss of range of motion, motor and sensory deficits, as well as failed non-operative care (unspecified), and minimal invasive care (unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar decompression to include laminectomy, disectomy, facetectomy, foraminotomy at L4-S1 fusion with iliac crest bone graft & instrumentation, cages, and pedicles screws: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-7.

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. Therefore, the request for lumbar decompression to include laminectomy, disectomy, facetectomy, foraminotomy at L4-S1 fusion with iliac crest bone graft & instrumentation, cages, and pedicles screws is not medically necessary and appropriate.

Associated surgical service: 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 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.

Intraoperative monitoring, SSEP, EMG: 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: Cell saver: 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.

Post-op physical therapy 2 x 4: 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: Cold unit rental x 7 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: Bone stimulator purchase: 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 purchase: 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: 3-1 Commode/shower chair: 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: Front wheel 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.