

Case Number:	CM15-0119200		
Date Assigned:	07/02/2015	Date of Injury:	06/19/2012
Decision Date:	07/31/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/19/2015

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 was a 63 year old male, who sustained an industrial injury, June 19, 2012. The injury was sustained when the injured worker was trying to prevent a fight between two patients and ultimately was assaulted and suffered injuries to the left shoulder, left wrist, contusion to the chin and lumbar spine. The injured worker previously received the following treatments: Medrol, Neurontin, Tylenol #3, Zanaflex, lumbar spine x-rays, lumbar spine MRI on April 9, 2015 showed lumbar spondylosis L2-L3 the L5-S1 disc, L2-L3 3mm posterior disc protrusion with degenerative changes in the facet joints with a 6mm synovial cyst in the left L2-L3 neural foramen causing severe narrowing, There was a grade 1 spondylolisthesis of L3 on L4 with bilateral spondylolysis. There was marked boney hypertrophy and hypertrophy of the ligamentum flavum with severe narrowing of the thecal sac. There was severe narrowing of the neural foramina bilaterally. There was 5MM posterior osteophyte at the L4-L5 disc complex with severe spinal stenosis with thecal sac measuring 4mm AP causing severe narrowing of the neural foramina bilaterally. The injured worker was diagnosed with bilateral lumbar radiculopathy with weakness, L3-S1 stenosis, Grade 1 spondylolisthesis L3-L4, cervical strain resolved, left wrist pain resolved, status post left shoulder arthroscopy with rotator cuff repair and distal clavicle resection and facial contusion resolved. According to progress note of May 4, 2015, the injured worker's chief complaint was ongoing lower back pain with radicular symptoms in the lower extremities, more on the left than the right with associated numbness. The injured worker rated the pain at 10 out of 10. The injured worker was with a mildly analgic mildly forward flexed gait pattern. There was no tenderness in the lumbar spine with palpation.

The straight leg raises were negative bilaterally at 90 degrees. There was no gross atrophy of the paravertebral muscles. There was decreased sensory at the L4 dermatome distribution. The treatment plan included a request for laminectomy and possible fusion of L2-L3, L3-L4 and L4-L5 with instrumentation posterior segmental pedicle rods, bone growth stimulator, front wheeled walker, cold therapy unit, pneumatic intermittent compression device, lumbar spine orthotic brace, postoperative physical therapy, preoperative clearance, assistant surgeon, preoperative chest x-ray, inpatient stay, Tylenol #3, Neurontin and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy and possible fusion at L2-3, L3-4, and L4-5 with instrumentation posterior segmental pedicle rods: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307.

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

Decision rationale: The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Such evidence is not provided in the documentation. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Laminectomy and possible fusion at L2-3, L3-4, and L4-5 with instrumentation posterior segmental pedicle rods is NOT Medically necessary and appropriate.

Associated surgical service: 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.

Associated surgical service: Front wheeled 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.

Associated surgical service: Cold therapy unit x 30 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: Pneumatic intermittent compression device x 30 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: LSO 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.

Postoperative physiotherapy x 18: 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.

Preoperative 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.

Preoperative 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: 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: Inpatient hospital stay x 2 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.

Tylenol No. 3 #60: 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.

Neurontin 300mg #1560: 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.

Zanaflex 4mg #60: 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.