MAXIMUS Federal Services

Case Number:	CM15-0120186		
Date Assigned:	07/02/2015	Date of Injury:	02/28/2012
Decision Date:	09/11/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/22/2015

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: California, Indiana, Oregon
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 64 year old male, who sustained an industrial injury on 2/28/12. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar spinal stenosis; multilevel lumbar spondylosis; bilateral lower extremity radiculopathy; bilateral carpal tunnel syndrome; status post C4 through C7 spinal fusion with decompression at C3 through C7. Treatment to date has included physical therapy; lumbar epidural steroid injection; medications. Diagnostic studies included a MRI lumbar spine (12/11/14). Currently, the PR-2 notes dated 5/1/15 indicated the injured worker presents for a follow-up evaluation. He has ongoing pain in his back with radiation down his right lower extremity along the lateral aspect of the thigh, leg, and of the foot. There is some plantar foot pain as well. On examination, focally tender along the right superior iliac crest. He has hypoesthesias in the L4 and L5 distribution. Motor strength testing is grossly intact with the exception of EHL on the right side. The provider discusses x-rays that were reviewed demonstrating multilevel spondylosis at L2 through S1. MRIs of the lumbar spine were also reviewed dated 12/11/14 confirming moderate to severe right-sided foraminal narrowing at L4-L5 consistent with a 4mm asymmetrical broad-based disc protrusion focally on the right side as well as a right-sided disc protrusion at L3-L4 level with moderate foraminal narrowing at L3-L4. In addition, he notes at L5-S1 there is mild to moderate right-sided neuroforaminal narrowing. The provider's treatment plan included Laminectomy, discectomy, right side at L3-S1, with placement coflexinterspinous/interlaminar fixation at L3-L4, L4-L5, and possibly L5-S1; inpatient stay for 1-2 days post-lumbar surgery; assistant surgeon for lumbar surgery; pre-operative clearance consult; pre-operative labs; pre-operative

chest x-ray; pre-operative EKG and TEC system - iceless cold therapy unit with DVT lumbar wrap for lumbar spine post operatively - rental for unspecified duration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy, discectomy, right side at L3-S1, with placement coflexinterspinous/interlaminar fixation at L3-L4, L4-L5, and possibly L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

Decision rationale: CAMTUS/ACOEM is silent on dynamic, non-fusion lumbar interspinous implants. ODG low back is referenced. Dynamic stabilization is not recommended for non-specific low back pain. There may be a role for spinal stenosis treatment in the elderly where fusion is an untenable option. There is limited support for the notion that semi-rigid fixation yields better patient specific results than fusion. Long term follow up studies are pending before the concept can be recommended. As the requested procedure lacks long clinical outcome data, the request is not medically necessary.

Associated surgical service: inpatient stay for 1-2 days post-lumbar surgery: 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 for lumbar surgery: 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: pre-op clearance consult: 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: pre-op labs: 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: 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: 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.

TEC system - iceless cold therapy unit with DVT lumbar wrap for lumbar spine post operatively - rental for unspecified duration: 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.