

Case Number:	CM15-0168654		
Date Assigned:	09/11/2015	Date of Injury:	04/02/2014
Decision Date:	11/06/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/27/2015

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, Montana

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 female, who sustained an industrial injury on 4-2-2014. The injured worker was diagnosed as having lumbar herniated discs, lumbar degenerative disc disorder, and lumbar radiculopathy. The request for authorization is for: posterior lumbar decompression and fusion L4-5, with instrumentation, allograft, and autograft; assistant surgeon, post-operative TLSO brace, per-operative complete blood count (CBC) with differential, pre-operative prothrombin time (PT), pre-operative partial thromboplastin time (PTT), pre-operative basic metabolic panel, pre-operative clot to hold, per-operative electrocardiogram, pre-operative urinalysis, and thigh high ted hose. The UR dated 8-25-2015, non-certified: posterior lumbar decompression and fusion L4-5, with instrumentation, allograft, autograft, assistant surgeon, post-operative TLSO brace, pre-operative complete blood count (CBC with differential, pre-operative prothrombin time (PT), pre-operative partial thromboplastin time (PTT), pre-operative basic metabolic panel, per-operative clot to hold, preoperative electrocardiogram, pre-operative urinalysis, and thigh high ted hose. On 6-4-2015, she reported back pain rated 8-10 out of 10. The provider noted that "she is absolutely miserable secondary to pain" and that her quality of life had diminished significantly to the point where she can no longer do much over activities of daily living. Physical findings are tenderness over the spinous and paraspinous areas, antalgic gait with cane, and painful range of motion, heel and toe walk with difficulty. On 8-18-2015, she reported back pain. She reported having had 3 epidural injections which did not help the back pain or her leg pain. She indicated her back pain radiated into bilateral hips, buttocks and thighs down the legs to the feet, right worse than left. She also reported having intermittent

numbness and tingling in the feet. She rated her pain 8-10 out of 10. She reported that muscle relaxants, steroids and narcotics give her limited benefit. Physical findings revealed tenderness over the spinous and paraspinous areas, antalgic gait with cane, and painful range of motion, heel and toe walk with difficulty. The treatment and diagnostic testing to date has included: lab work including CBC, comprehensive metabolic panel, and urinalysis (3-20-2015), right knee arthroscopy (3-25-2015), 3 epidural injections, magnetic resonance imaging of the lumbar spine (5-27-2015) x-rays of the lumbar spine, electrodiagnostic studies, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar decompression and fusion L4-5 with instrumentation use of allograft and autograft: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The California MTUS guidelines recommend lumbar surgery if there is severe persistent, debilitating lower extremity complaints, clear clinical and imaging evidence of a specific lesion corresponding to a nerve root or spinal cord level, corroborated by electrophysiological studies which is known to respond to surgical repair both in the near and long term. Documentation does not provide this evidence. The California MTUS guidelines do recommend spinal fusion if there is fracture, dislocation or instability. The documentation does not provide evidence this is the case. The requested treatment: Posterior lumbar decompression and fusion L4-5 with instrumentation use of allograft and autograft is not medically necessary and appropriate.

Associated 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 Service: Post-operative TLSO 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.

Associated Service: Pre-operative complete blood count (CBC) with differential: 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 Service: PT, PTT: 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 Service: Basic Metabolic Panel: 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 Service: preoperative clot to hold: 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 Service: Preoperative 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.

Associated Service: Preoperative urine drug screen: 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.

Thigh high ted hose: 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.