

Case Number:	CM15-0169055		
Date Assigned:	09/24/2015	Date of Injury:	01/21/2012
Decision Date:	11/03/2015	UR Denial Date:	08/06/2015
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 49-year-old female, who sustained an industrial-work injury on 1-21-12. She reported initial complaints of cervical and lumbar pain. The injured worker was diagnosed as having cervical and lumbar radiculopathy. Treatment to date has included medication and diagnostics. MRI results were reported on 10-7-13 of the lumbar spine notes annular fissure at L4-5 and L5-S1, disc desiccation at L4-5 and L5-S1 with mild associated loss of disc height at L5-S1, L1-2 disc bulge with left paracentral -foraminal disc protrusion, L4-5 broad based posterior disc protrusion, L5-S1 moderate circumferential disc bulge. Currently, the injured worker complains of lumbar pain. Per the primary physician's progress report (PR-2) on 7-21-15, exam notes tenderness to palpation over the paraspinal musculature, normal lordosis, no tenderness over the spinous process, negative Hoffman and Romberg's signs. There is normal bilateral upper extremity range of motion and strength, diminished sensation over the right C6 dermatome. The lumbar spine exam notes tenderness to palpation over the paraspinal musculature, normal lordosis, normal range of motion. The lower extremities have normal range of motion and strength. Current plan of care includes surgical procedure. The Request for Authorization requested service to include L5-S1 Decompression and Fusion, Inpatient Stay, Pre-op Medical Clearance, Pre-op Labs: Chemistry Panel, CBC (complete blood count), PTT (partial thromboplastin time), INR (International Normalized Ratio), PT (protime), UA (Urinalysis), Pre-op Chest X-ray, EKG (electrocardiogram), and Post op Physical Therapy 2 x 8 lower back. The Utilization Review on 8-6-15 denied the request due to lack of documentation for evidence to necessitate the surgery, per CA MTUS (California Medical Treatment Utilization

Schedule); ACOEM (American College of Occupational and Environmental Medicine) Guidelines, Low Back Complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Decompression and Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: The California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation shows no evidence of this. The California MTUS guidelines recommend lumbar surgery if there are 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 patient's magnetic resonance imaging scan (MRI) shows no severe canal or foraminal stenosis or nerve root impingement. His provider recommends a L5-S1 decompression and fusion to treat his lumbosacral spondylosis without myelopathy. Documentation does not present evidence of instability or radiculopathy. According to the Guidelines for the performance of fusion procedures for degenerative diseases of the lumbar spine, published by the joint section of the American Association of Neurological surgeons and Congress of Neurological surgeons in 2005 there was no convincing medical evidence to support the routine use of lumbar fusion at the time of primary lumbar disc excision. This recommendation was not changed in the update of 2014. The update did note that fusion might be an option if there is evidence of spinal instability, chronic low back pain and severe degenerative changes. Documentation in the patient's medical records does not show instability or severe degenerative changes. Therefore, the request is not medically necessary and appropriate.

Inpatient Stay: 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.

Pre-op Medical 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.

Pre-op Labs: Chemistry 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.

Pre-op Labs: CBC: 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.

Pre-op Labs: 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.

Pre-op Labs: INR: 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.

Pre-op Labs: UA: 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.

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.

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.

Post op physical therapy for the lower back (16-sessions): 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.