

Case Number:	CM15-0170935		
Date Assigned:	09/18/2015	Date of Injury:	02/14/2013
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/31/2015

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 51 year old male who sustained an industrial injury on 02-14-2013. Mechanism of injury was a slip and fall. Diagnoses include lumbar radiculopathy. Comorbid diagnoses include coronary artery disease status post stenting on 04-05-2014, hypertension, hypercholesterolemia, and borderline diabetes. A physician progress note dated 08-06-2015 documents the injured worker complains of low back pain radiating into both feet and buttocks with dyesthesia. He has a positive straight leg raise. A physician note dated 08-06-2015 documents the injured worker has symptomatic lumbar stenosis at L4-5 with concordant radicular symptoms. He continues to be highly symptomatic with bilateral leg pain radiating into his buttocks, posterior lateral thigh, lateral calf and dorsum of the foot with numbness and paresthesias. He has positive straight leg raise bilaterally and has normal neurovascular examination. X rays revealed L4-5 isolated lateral recess and foraminal stenosis with some mild central canal stenosis. A physician progress noted dated 06-18-2015 documents the injured worker complains of chronic headaches which seem to be worsening and increased back pain and right leg pain, and occasional left leg pain. He has difficulty sleeping. His low back is tender to palpation and range of motion is limited. Straight leg raises are negative. A surgical consultation is recommended. He was previously seen and surgery was recommended but it was put on hold due to his coronary artery disease. He was placed on Plavix for his stent. He is now off this and his cardiac condition is stable. Treatment to date has included diagnostic studies, medications, lumbar medial branch diagnostic blocks, lumbar medial branch radiofrequency neurotomies. A lumbar Magnetic Resonance Imaging done on 08-15-2014 revealed annular disk

bulging and facet joint arthritis with a small spinal canal at L4-5 causing mild to moderate lateral and central recess stenosis. This is a slight progress compared to a previous Magnetic Resonance Imaging. A Request for Authorization dated 08-19-2015 was for posterior lumbar decompression L4-5 and labs-BMP, CBC, ProTime, PTT, Urine, EKG and Chest x ray. On 08-16-2015 the Utilization Review non-certified the requested treatments of Posterior lumbar decompression at L4/5, Pre-operative Chest x-ray, Pre-operative EKG, Pre-operative cardiac clearance with cardiologist, Pre-operative labs, Complete blood count (CBC), Pre-operative labs, Basic metabolic panel (BMP), Pre-operative labs, Prothrombin Time/Partial Thromboplastin Time (PT/PTT), and Pre-operative labs, Urinalysis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar decompression at L4/5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 requested treatment: Posterior lumbar decompression at L4/5 is not medically necessary and appropriate.

Pre-operative labs, Complete blood count (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-operative labs, Basic metabolic panel (BMP): 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-operative labs, Prothrombin Time/Partial Thromboplastin Time (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.

Pre-operative labs, Urinalysis: 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-operative 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.

Pre-operative 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-operative cardiac clearance with cardiologist: 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.