MAXIMUS Federal Services

Case Number:	CM15-0172909		
Date Assigned:	09/22/2015	Date of Injury:	01/27/2009
Decision Date:	11/13/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/02/2015

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 sustained an industrial injury on January 27, 2009. Current diagnoses or physician impression include(s) lumbar stenosis, lumbar radiculopathy, low back pain and lumbar intervertebral disc derangement. His work status is full duty without restrictions. A report dated 8-7-15 noted that the injured worker presented with complaints that included low back and right leg pain. His right leg pain is constant, and intermittent in the buttock and calf. The pain is described as stabbing and cramping and is associated with tingling, numbness, pins and needles and pulling into his right foot. He also reports numbness and pain into his left foot and in the sole of his left foot, which is new. He reports that the muscles in his feet bilaterally begin to curl and slightly burn and he has a pulling sensation when he lies down. The pain is aggravated by standing and walking. His pain is divided at 70% back pain and 30% leg pain and is rated at 7out of 10. A physical examination performed on 8-7-15 reveals an altered gait, "motor strength is 4+ out of 5 in the right hamstrings, dorsiflexion, plantar flexion and extensor halluces longus". Previous diagnostic studies include MRI (2010) (2014) and x-rays (2014). Previous treatments included medications, epidural steroid injections, land and water therapy, electrical stimulation treatment, acupuncture and chiropractic care and per note dated 8-7-15 he has experienced therapeutic failure. A request for authorization dated 8-12-15, included requests for L4, L5 and S1 decompressive laminectomy, medical facetectomy and bilateral L4-L5 and L5-S1 foraminotomy with fluoroscopic guidance and intraoperative neurophysiological monitoring, inpatient stay of one day, pre-operative; medical clearance (internal and family medicine), CBC, BMP, PT-PTT-INR, urinalysis, EKG, Chest x-ray, and post-operative; biomechanical support of

the spine, Percocet 5-325 mg #150, Gabapentin 600 mg #90, Cyclobenzaprine 7.5 mg #60 and Colace 100 mg #60. The utilization review dated August 26, 2015, denied the surgical request due to no "objectification of a verifiable radiculopathy noted on appropriate electrodiagnostic testing" and a "lack of specific comprehensive, objective or independently confirmable medical evidence that would support" surgical intervention. Since the surgical intervention is denied all associated requests are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4, L5, S1 Decompressive laminectomy, medial facetectomy and bilateral L4-L5 and L5-S1 foraminotomy with fluoroscopic guidance and intraoperative neurophysiological monitoring: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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: L4, L5, S1 Decompressive laminectomy, medial facetectomy and bilateral L4-L5 and L5-S1 foraminotomy with fluoroscopic guidance and intraoperative neurophysiological monitoring is not medically necessary and appropriate.

Associated surgical service: Inpatient stay x 1 day: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op medical clearance, internal and family medicine: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op labs, PT/PTT/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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op biomechanical support of the spine: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op Percocet 5/325mg #150: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op Gabapentin 600mg #90: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op Cyclobenzaprine 7.5mg #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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-op Colace 100mg #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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.