

<b>Case Number:</b>	CM15-0173403		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	05/02/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, California  
 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 50-year-old male, who sustained an industrial injury on May 2, 2014. The injured worker had a surgical evaluation on August 14, 2015. He reported low back pain with radiation of pain to the left leg. He reported having some shooting pain and tingling. On physical examination, the injured worker had tenderness to palpation over the lower lumbar spine, left greater than right. His range of motion was moderately decreased and he had some dysesthesia into the anteromedial left leg, inner ankle, instep and towards the big toe. The evaluating provider noted that a lumbar MRI from last year revealed a left paracentral protrusion at L3-4 causing some lateral recess stenosis and likely impingement of the L4 nerve root. He had central protrusion at L4-5 with a large radial annular tear. Treatment to date has included left L4- L5 transforaminal injection on May 29, 2015 with 50-60% "response from the injection." The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy, lumbar post-laminectomy syndrome and sciatica. A request for authorization for Surgery: left L3-4 microdiscectomy with possible Coflex and associated services to include pre-operative medical clearance electrocardiogram, pre-operative laboratory CMP, CBC with diff, PT, PTT, urinalysis, chest x-ray (2 views), post-operative durable medical equipment: lumbar brace, VascuTherm cold therapy unit without deep vein thrombosis, and postoperative physical therapy 2 x 6 (may be aquatic) was received on August 17, 2015. On August 24, 2015, the Utilization Review physician determined Surgery: left L3-4 microdiscectomy with possible coflex and associated services to include pre-operative medical clearance electrocardiogram, pre-operative laboratory CMP, CBC with diff, PT, PTT, urinalysis, chest x-ray (2 views), post-operative durable medical equipment: lumbar brace, VascuTherm cold therapy unit without deep vein thrombosis, and postoperative physical therapy 2 x 6 (may be aquatic) was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left L3-4 microdiscectomy with possible Coflex: Upheld**

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

**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 Chapter, Dynamic Neutralization System.

**Decision rationale:** The Official Disability Guidelines do not recommend "dynamic neutralization systems" like the Coflex system. The Coflex system is purported to be a dynamic interspinous stabilization implant. Long-term follow-up is not yet available. The only possible, optional use of the system is for "spondylolisthesis in elderly patients instead of fusion", per the Official Disability Guidelines. This is not the clinical presentation for this particular injured worker. Therefore, the request is not medically necessary and appropriate.

### **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.

### **Preoperative laboratory: CMP and CBC with diff: 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.

### **Preoperative laboratory: PT and 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.

### **Preoperative laboratory: 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.

**Associated surgical service: x-rays - chest, two views:** 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.

**Postoperative DME: lumbar brace (purchase):** 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.

**Postoperative DME: VascuTherm cold therapy unit without DVT - 30-day rental:** 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.

**Postoperative physical therapy - 2 times weekly for 6 weeks:** 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.