

Case Number:	CM15-0177301		
Date Assigned:	09/28/2015	Date of Injury:	04/15/2014
Decision Date:	11/09/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/09/2015

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 57-year-old male who sustained an industrial injury April 15, 2014. Diagnoses are compression fracture and herniated disc L2-3; stenosis with spondylolisthesis L4-5; moderate stenosis L3 and L4. According to a doctor's first report of occupational injury dated February 18, 2015, the injured worker was electrocuted while working on equipment and had to disconnect himself from the circuit. He pushed backward and fell from a 10-foot ladder landing on his lower back. Since the fall, he had chronic back pain despite working. The pain worsened and he underwent an MRI of the lumbar spine revealing multiple levels of herniated disc and central stenosis. He reported radiculopathy pain, worse on the right than the left and was placed on Prednisone with no improvement. He has had cortisone injections for the low back pain and on April 24, 2015, a right and left L4 and L5 root block, which he reports, took the edge off but provided only a 10% improvement. On a treating physician's office visit May 27, 2015, the physician documented he performed x-rays revealing grade I anterolisthesis between L4 and L5; sub acute fracture of L2 with a superior endplate indentation and 10% compression deformity. According to a treating physician's follow-up notes dated July 22, 2015, the injured worker had a second diagnostic block (no date provided) at L2-3 at the area of the central stenosis and had at least 70% of the pain improved temporarily. By two weeks, it was 50% improvement and then 30%. The physician reports he is back to work and the fracture is stable. Physical examination revealed bilateral leg pain, intermittent weakness, numbness, and tingling down the thighs in a generalized neurogenic claudication; it does travel below the knees; good strength on dorsiflexion and plantar flexion. The physician added the injured worker has exercised on his own with Pilates maneuvers, core rehabilitation and has taken anti-inflammatories without relief. At issue, is a request for authorization dated August 4 2015,

for L2 Laminectomy, bilateral partial facetectomy, left sided discectomy with microscope, assistant surgeon, 1-2 day length of stay, pre-operative labs; CBC, CMP, PT, PTT, urinalysis, EKG, Chest x-ray, and pre-operative clearance. A report of an MRI of the lumbar spine dated December 8, 2014 is present in the medical record. According to utilization review dated August 25, 2015, the request for L2 Laminectomy, bilateral partial facetectomy, left sided discectomy with microscope is non-certified. The request for an assistant Surgeon is non-certified. The request for a 1-2 day length of stay is non-certified. The requests for pre-operative labs; CBC (complete blood count), CMP (comprehensive metabolic panel), PT (prothrombin time), PTT (partial thromboplastin time), and urinalysis are non-certified. The request for an EKG (electrocardiogram) is non-certified. The request for a chest x-ray is non-certified. The request for pre-operative clearance is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2 Laminectomy, Bilateral Partial Facetectomy, Left Sided Discectomy with Microscope: 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 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 requested treatment is not medically necessary and appropriate.

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 Surgical Service: 1-2 day length of 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-operative Lab: CMP: 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 Lab: PT: 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 Lab: 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 Lab: 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 Lab: 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.

Associated Surgical Service: 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 Surgical Service: 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 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.