

Case Number:	CM15-0179563		
Date Assigned:	09/29/2015	Date of Injury:	12/06/2010
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/11/2015

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 (n) 60 year old male, who sustained an industrial injury on 12-6-10. The injured worker was diagnosed as having lumbago, low back pain and status post L4-L5 laminectomy and fusion in 2013. Medical records on 5-6-15 indicated unremitting ongoing low back pain and numbness radiating down his right lateral thigh. The physical exam on 7-8-15 revealed normal lumbar range of motion, tenderness to palpation over the paraspinal musculature and diminished sensation over the bilateral L5 dermatomes. Treatment to date has included physical therapy, a lumbar CT on 7-25-15 showing a 3-4mm broad based posterior disc protrusion at L2-L3, a left sacroiliac joint injection on 7-16-15, an EMG-NCV of the lower extremities on 7-13-15 with "normal EMG results and a minimally abnormal NCV" and Ultram. As of the PR2 dated 8-19-15, the injured worker reports no improvement in his symptoms. Objective findings include normal lumbar range of motion, tenderness to palpation over the paraspinal musculature and diminished sensation over the bilateral L2 dermatomes. The treating physician requested an L2-L3 decompression and fusion, an inpatient 3 days stay, pre-op clearance, a pre-op HNP, a pre-op EKG, a pre-op chest x-ray, a pre-op chemistry panel, a pre-op CBC, a pre-op PTT, a pre-op INR, a pre-op UA and post-op physical therapy 2 x weekly for 8 weeks. On 8-24-15 the treating physician requested a Utilization Review for an L2-L3 decompression and fusion, an inpatient 3 days stay, pre-op clearance, a pre-op HNP, a pre-op EKG, a pre-op chest x-ray, a pre-op chemistry panel, a pre-op CBC, a pre-op PTT, a pre-op INR, a pre-op UA and post-op physical therapy 2 x weekly for 8 weeks. The Utilization Review dated 9-2-15, non-certified the request for an L2-L3 decompression and fusion, an inpatient 3 days

stay, pre-op clearance, a pre-op HNP, a pre-op EKG, a pre-op chest x-ray, a pre-op chemistry panel, a pre-op CBC, a pre-op PTT, a pre-op INR, a pre-op UA and post-op physical therapy 2 x weekly for 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-L3 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 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. California MTUS guidelines do recommend spinal fusion for fracture, dislocation and instability. Documentation does not provide evidence of this. The requested treatment: L2-L3 decompression and fusion is not medically necessary and appropriate.

Associated surgical service: Inpatient three (3) days: 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 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

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

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

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

Post-op physical therapy; sixteen (16) sessions (2x8): 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.