

Case Number:	CM15-0091983		
Date Assigned:	05/18/2015	Date of Injury:	07/17/2012
Decision Date:	06/17/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/12/2015

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

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 55-year-old male, who sustained an industrial injury on 7/17/2012, due to cumulative trauma while employed as a sanitation worker. The injured worker was diagnosed as having left L5-S1 minimally invasive microdiscectomy on 9/30/2013, left L5-S1 disc herniation, and multi-level degenerative disc disease. Treatment to date has included diagnostics, lumbar surgery (2013), chiropractic, physical therapy, epidural steroid injections, spinal cord stimulator trial, and medications. Currently (4/28/2015), the injured worker complains of lumbar pain with radiculitis. It was documented that he was struggling with surgery versus stimulator. It was also noted that more back surgery was not endorsed. A previous progress report (3/09/2015) noted that he reported completion of spinal cord stimulator trial with moderate to marked improvement in pain. He was able to reduce Norco from 4 daily to 2 daily, with good pain control. He also felt that his baseline pain was subsided for the first time in many months. He wanted to hold off on permanent spinal cord stimulator placement. On 4/20/2015, the injured worker was seen for follow-up of low back pain and left shoulder pain. He continued to have pain radiating from his buttock to posterolateral thigh, down to his foot. He could only stand/walk for 2-5 minutes and pain was decreased by sitting and laying down. He had a spinal cord stimulator (trial ended 12/08/2014) with 50% relief of his symptoms. Medications included Hydrocodone/Acetaminophen and Naproxen. Physical exam noted 5/5 motor strength and intact sensation to light touch in his upper and lower extremities. He had some difficulty with heel and toe walking and an antalgic gait. X-rays and magnetic resonance imaging of the lumbar spine were referenced. Magnetic resonance

imaging of the lumbar spine (4/13/2015) showed moderate to severe subarticular stenosis and severe disc degeneration L3-4, severe disc degeneration and bilateral neural foraminal stenosis (left greater than right), and mild subarticular stenosis at L4-5, and left greater than right sided facet arthrosis and severe left neural foraminal stenosis at L5-S1. Findings were unchanged when compared to the previous study on 12/06/2013. Options discussed included permanent implantation of spinal cord stimulator versus surgical revision. He requested time to think about surgical options. The treatment plan included L5-S1 revision laminectomy, fusion transforaminal lumbar interbody fusion, autograft, allograft bone neuromonitoring, CBC (complete blood count), BMP (basic metabolic panel), EKG (electrocardiogram), CXR (chest x-ray), and inpatient 3 day stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Revision Laminectomy, Fusion TLIF, Autograft, Allograft Bone and Neuromonitoring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-316. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back, Lumbar and Thoracic Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The California MTUS guidelines do recommend a spinal fusion for traumatic vertebral fracture, dislocation and instability. This patient has not had any of these events. The guidelines note that the efficacy of fusion in the absence of instability has not been proven. The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not show this evidence. The guidelines note the patient would have failed a trial of conservative therapy. Documentation does not show this evidence. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. Therefore, the requested treatment is not medically necessary and appropriate.

Associated Surgical Service: CBC and 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.

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.

Associated Surgical Service: Inpatient Stay (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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.