

Case Number:	CM15-0097475		
Date Assigned:	05/29/2015	Date of Injury:	11/29/2010
Decision Date:	07/01/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/21/2015

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 59 year old male with an industrial injury dated 11/29/2010. The injured worker's diagnoses include acquired spondylolisthesis, lumbar spinal stenosis with neurogenic claudication, lumbar disc displacement, lumbago, lumbar stenosis without claudication, fracture thoracic closed injury. Treatment consisted of lumbar Magnetic Resonance Imaging (MRI), prescribed medications, epidural steroid injection (ESI) and periodic follow up visits. In a progress note dated 5/4/2015, the injured worker reported low back pain. Objective findings revealed tenderness in the mid to lower lumbar spine and slightly flexed forward gait. Magnetic Resonance Imaging (MRI) of the lumbar spine dated 3/15/2015 revealed severe facet arthropathy and spinal stenosis at L2-3 with grade 1 degenerative spondylolisthesis. Mild to moderate right sided foraminal/lateral recess narrowing at L3-4 and a posterior central disc protrusion at L4-5 with an old compression fracture at T-12 were also noted on MRI. X ray of the lumbar spine performed on 11/4/2014 revealed L2-3 degenerative spondylolisthesis and a mild retrolisthesis of L4 on L5. The treatment plan consisted of lumbar surgery with associated surgical services. The treating physician prescribed services for bilateral lumbar L2-3 laminectomies, medial facetectomies, and foraminotomies with internal fixation, assistant surgeon, length of Stay: Inpatient 1 night, pre-operative EKG, pre-operative labs: CBC, Chemistry panel and Urinalysis now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar L2-3 laminectomies, medial facetectomies, and foraminotomies with internal fixation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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

Decision rationale: The California MTUS guidelines recommend 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 provide this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested Treatment: Bilateral lumbar L2-3 laminectomies, medial facetectomies, and foraminotomies with internal fixation is not medically necessary and appropriate.

Associated Surgical Service: Length of Stay: Inpatient 1 night: 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: 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.

Pre-operative 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.

Pre-operative labs: CBC, Chem panel and 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.