

Case Number:	CM13-0021058		
Date Assigned:	11/08/2013	Date of Injury:	04/17/2008
Decision Date:	01/31/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old female who reported a work-related injury on April 17, 2008 as a result of strain to the lumbar spine. Subsequently, the patient has been treated for lumbar spondylolisthesis with mechanical back pain. In addition, the clinical notes evidence the patient has a prior medical history of cancer, diabetes, depression, shingles, arthritis, chronic headaches, MRSA, chronic fatigue, restless leg syndrome, peripheral neuropathy, pneumonia, anxiety, and hypertension. The patient has been recommended to undergo surgical interventions to the lumbar spine. Initial treatment report of consulting psychologist dated January 29, 2013 recommended for the patient to utilize 8 sessions of individual psychotherapy. The provider, [REDACTED] documents the patient suffers from adjustment disorder with mixed anxiety and depressed mood, chronic and a pain disorder associated with both psychological factors and a general medical condition secondary to her work-related injury. The clinical note dated August 02, 2013 reports the patient was seen under the care of [REDACTED]. The provider documented the patient continues to present with low back pain as well as right lower extremity radiculopathy. The patient reports her pain has been chronic in nature. Upon physical exam of the lumbar spine, there was tenderness to palpation over the paraspinal musculature and also the spinous process. There was also bilateral sciatic notch tenderness. There was a positive straight leg raise test in the low back with the pain being more severe to the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interbody fusion of the Lumbar Spine at the L4-5 Level with inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Low Back Chapter, Hospital length of stay.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter inpatient length of stay.

Decision rationale: The clinical documentation submitted specifically for this review does not support the requested operative procedure at this point in the patient's treatment. There was no submission of any recent imaging of the patient's lumbar spine. There was a lack of a thorough physical exam of the patient evidencing any motor, neurological, or sensory deficits. In addition, the clinical notes document the patient was recommended to undergo individual psychotherapy and it is unclear of the patient's current clinical picture from a psychological point of view, without any recent assessments from psychologist [REDACTED]. The California MTUS/ACOEM indicates, "There is no scientific evidence that the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history placebo or conservative treatment. There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back pain in the presence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on." Given the lack of official imaging of the patient's lumbar spine, lack of documentation of recent conservative treatment, lack of a recent thorough physical exam of the patient, and lack of psychological clearance, the request for Interbody fusion of the Lumbar Spine at L4-5 Level with inpatient stay is neither medically necessary nor appropriate.