

Case Number:	CM13-0024950		
Date Assigned:	11/20/2013	Date of Injury:	05/16/2012
Decision Date:	02/19/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/16/2013

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 Occupational Medicine 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 16, 2012. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; work restrictions; lumbar epidural steroid injections and sacroiliac joint injections; and an MRI of the lumbar spine on July 30, 2012, notable for fractured sacrum, degenerative changes of the lumbar spine, and moderate central canal stenosis and mild neuroforaminal stenosis at this level. The applicant has failed numerous conservative treatments, including physical and manipulative therapy. An August 9, 2013, progress note is notable for comments that the applicant reports persistent low back pain radiating to the left leg. He has weakness and tingling about the lower extremities appreciated on exam. These are described as consisting with disc degeneration, protrusion, nerve root impingement shown on an MRI imaging. Laminectomy, foraminotomy, microdiscectomy and decompression at L4-L5 are sought. Tramadol is renewed. A 15-pound lifting limitation is endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior and posterior discectomy, decompression and fusion with instrumentation at L4-L5: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the ACOEM Guidelines, direct means of nerve root decompression include laminotomy, discectomy, and laminectomy. The ACOEM Guidelines further note that spinal fusion is usually not considered in the first three months of symptoms. ACOEM further notes that the success rate with fusion surgery is unproven and that many applicants do not improve despite fusion surgery. In this case, nevertheless, it appears that the applicant has failed numerous non-operative interventions, including time, medications, injection therapy, physical therapy, manipulation, etc. Given the persistent radicular complaints, corresponding MRI findings, and lower extremity weakness appreciated on the most recent office visit, a surgical remedy is indicated. Therefore, the requested services are medically necessary and appropriate.

Pre-operative medical clearance: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape website - Pre-operative Evaluation and Management (Author - Robert A. Schwartz, MD, MPH; Chief Editor - William D. James, MD).

Decision rationale: The MTUS does not address the topic. As noted in the Medscape article, the time invested in a pre-operative evaluation yields an improved patient doctor relationship and may reduce surgical complications. In this case, a detailed exploration of the applicant's past medical history and/or medical comorbidities prior to undergoing spine surgery is indicated. Therefore, the requested pre-operative medical clearance is medically necessary and appropriate.