

Case Number:	CM13-0027118		
Date Assigned:	06/06/2014	Date of Injury:	12/08/1999
Decision Date:	07/12/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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/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 injured worker is a 51 year old female injured in December 2009, resulting in a reported injury to her low back. The initial injury occurred when she was sitting in a chair and the back of the chair collapsed. The procedural note dated 02/01/12 indicates the injured worker undergoing a bilateral S1 transforaminal epidural steroid injection. The psychosocial evaluation dated 03/10/06 indicates the injured worker having complaints of chronic pain syndrome with worsening symptoms. There is an indication the injured worker presents as being stable from a psychological perspective and therefore was recommended for a surgical procedure. The clinical note dated 03/05/13 indicates the injured worker presenting with neck, low back, and bilateral lower extremity pain. The injured worker rated the pain as severe in intensity and occurring on a regular basis. The injured worker described an aching and lancinating sensation. The injured worker reported ongoing issues with restorative sleep. Upon exam, the injured worker was identified as having a mildly antalgic gait. Tenderness was identified throughout the lumbosacral region upon palpation. Strength deficits were identified with the plantar flexors. Sensation deficits were identified in the lower extremities. The clinical note dated 03/15/13 indicates the prescribed drug regimen to include Oxycodone and Cymbalta was providing minimal benefit in terms of pain relief. The clinical note dated 04/12/13 indicates the injured worker able to complete her activities of daily living secondary to the continued use of the drug regimen. The clinical note dated 09/17/13 indicates the injured worker reported severe levels of low back pain. The note does indicate the injured worker being neurologically intact without any gross deficiencies. The MRI dated 11/11/11 revealed a marked decrease in disc height with disc desiccation at L4-5. No disc bulges or protrusions were identified. A 5mm left sided disc protrusion was identified at L5-S1. No encroachment on the nerve roots was identified. No abutment of the thecal sac was revealed. The utilization review dated 09/20/13 resulted in a non

recommendation for a lumbar fusion with an inpatient hospital stay as insufficient information had been submitted confirming the injured worker's significant pathology. No x-rays had been submitted confirming the injured worker's instability. The MRI was identified as being outdated.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR FUSION L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation ODG, Treatment Index, 11th Edition, (web), 2013, Low Back: Fusion and Hospital Length of Stay.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

Decision rationale: The request for a lumbar fusion at L4-5 and L5-S1 is not recommended based on the following American College of Occupational and Environmental Medicine (ACOEM) Guidelines. A fusion is indicated in the lumbar region provided the injured worker meets specific criteria to include significant findings identified by clinical exam, the injured worker has completed all conservative treatments, and imaging studies confirm the injured worker's significant pathology. The documentation indicates the injured worker complaining of lumbar region pain. There is an indication that the injured worker has previously undergone conservative treatments. However, no information was submitted regarding the injured worker's completion of injections. No information was submitted regarding the injured worker's significant clinical findings indicating neurologic deficits associated with the L4, L5, or S1 distributions. The submitted MRI revealed no neurocompressive findings at the L4-5 or L5-S1 levels. Given these factors, the request for Lumbar Fusion at L4-5 and L5-S1 is not indicated as medically necessary.

1 DAY POST OPERATIVE INPATIENT STAY: 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.