

Case Number:	CM13-0030676		
Date Assigned:	11/27/2013	Date of Injury:	09/11/2012
Decision Date:	01/14/2014	UR Denial Date:	09/12/2013
Priority:	Expedited	Application Received:	09/30/2013

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, 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:

This is a 48-year-old gentleman who sustained an injury to his low back in a work-related accident September 11, 2012. Recent clinical assessments were reviewed including an August 13, 2013 progress report with [REDACTED] indicating an interim history of severe low back pain and left leg pain with physical examination showing diminished sensation to the plantar surface of the foot, +2 pulses, positive bilateral straight leg raising, and diminished Achilles reflexes. Prior treatment has included epidural steroid injections, medication management, activity modifications, restrictions, and therapy. Previous imaging for review included an MRI of the lumbar spine from September 26, 2012 that showed the L5-S1 level to be with a 4 millimeter disc protrusion with minimal to mild left lateral recess encroachment and left foraminal encroachment. Radiographs of the lumbar spine reviewed from September 11, 2012 were normal with no evidence of positive findings documented. Report of lumbar discography from August 5, 2013 showed a positive concordant disc at L5-S1 with negative discs at L2-3, L3-4, and L4-5. No further clinical imaging is noted. Surgery at present is recommended in the form of an L5-S1 decompression and interbody fusion with bone grafting. There are also requests for an assistant surgeon, the need of a vascular surgeon, a five to nine day inpatient length of stay, the use of a postoperative bone growth stimulator, and the use of a postoperative lumbosacral orthosis (LSO) back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior & posterior decompression and fusion at L5-1 with instrumentation and bone graft: Upheld

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 Page(s): 307.

Decision rationale: CA MTUS ACOEM states, "There is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on". Based on California ACOEM guidelines, surgical intervention in the form of an L5-S1 fusion would not be supported. California ACOEM guidelines do not indicate the role of discography as a quality preoperative indicator of surgical outcome. When looking at the claimant's other imaging, there is no documentation of instability at the L5-S1 level nor is there documentation of significant compressive pathology at the L5-S1 level, and as such there would not be a medical necessity for the requested fusion procedure.

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.

Vascular 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.

5-9 day length of 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.

Bone growth stimulator: 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.

LSO back brace: 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.