

Case Number:	CM13-0031594		
Date Assigned:	12/04/2013	Date of Injury:	04/19/2012
Decision Date:	01/16/2014	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 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 New York and Washington. 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 mechanism of injury described the patient standing on a ladder while washing the top of a van and he slipped and fell backwards. The patient is taking Tylenol and Motrin for pain. The patient has not had previous spinal surgery. The patient has also been diagnosed with spinal stenosis. Physical examination shows tenderness to palpation at the lumbosacral junction. There is a limited range of motion of the lumbar spine. Straight leg raise is positive on the right side. Left straight leg raise is limited by hamstring tightness. The patient is not a smoker. There is no psychological evaluation present in the chart. MRI in July 2013 documents degenerative disc condition and spondylolisthesis most severe at lumbar levels L3-4 and L4-5. The MRI also demonstrates mild scoliosis, multilevel degenerative disc condition which is most pronounced at L5-S1. There is moderately severe central stenosis at L3-4. There is severe central and bilateral foraminal narrowing at L4-5. The patient has x-rays that document spondylolisthesis but there was no objective interpretation of the x-ray results by a radiologist including the records. The medical record does not indicate conservative treatment modalities have been attempted and failed. The record does not indicate BMI or tobacco history. The record also does not include a recent orthopedic back exam or neurologic exam. At issue is whether lumbar decompressive and fusion surgery is medically necessary at this time. The patient complains of chronic low back pain radiating to the right leg. At issue is whether L3-L5 decompression and posterior spinal fusion is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative Medical Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310, Chronic Pain Treatment Guidelines Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Fusion Section Page(s): 307.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

A Tranforaminal Lumbar Interbody Fusion with Cage: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310, Chronic Pain Treatment Guidelines Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Fusion Section Page(s): 307.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

L3-4, L4-5 Decompression/fusion with Segmental Instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310, Chronic Pain Treatment Guidelines Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Fusion Section Page(s): 307.

Decision rationale: This patient has not yet need to establish criteria for lumbar decompression and fusion surgery. There is no documented instability in the medical records. The patient has the diagnoses of spondylolisthesis, but there is no documented movement of the segments on radiographs that are read by a radiologist. In addition there were no red flag indicators for spinal surgery such as concern for tumor or fracture. With regard to spinal decompressive surgery. There is no documented physical examination indicating that the patient has a neurologic deficit. There is no correlation of a neurologic deficit with specific findings of neural compression on an imaging study of the lumbar spine. There is no documentation of a psychological evaluation performed on this patient. There is also no documentation of an adequate trial of conservative measures to include physical therapy for treatment of chronic low back pain. The guidelines for performance of lumbar decompressive and fusion surgery are not met at this time. Lumbar decompressive and fusion surgery is not medically necessary at this time based on the available medical records.