

Case Number:	CM13-0048228		
Date Assigned:	12/27/2013	Date of Injury:	07/28/2011
Decision Date:	02/25/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine & Rehabilitation, 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 46-year-old with date of injury 07/28/11. Patient has diagnoses of bilateral L5 radiculopathy, L4-L5 and L5-S1 degenerative disc disease with stenosis with annular fissure. According to progress report dated 10/21/13 by [REDACTED], the patient complains of low back pain, rated a 6 on VAS. Treater reports patient's symptoms are unchanged and that MRI scan findings of stenosis at L4-S1 and degenerative disc disease at L4-S1 correlates with his ongoing back and leg pain in an L5 distribution. The patient has had activity modifications, epidural steroid injections, physical therapy, and medications but remains symptomatic. The treater is requesting L4-L5/L5-S1 AP fusion with cage instrumentation, cold therapy unit rental for 30 days, growth stimulator and 18 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 and L5-S1 spinal fusion with cage and instrumentation, with assistant surgeon [REDACTED], PA-C and [REDACTED] (co/vascular surgeon), with a four-day inpatient stay, and pre-op medical clearance with chest X-ray,: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation the Official Disability Guidelines

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

Decision rationale: The patient suffers from chronic low back pain. The request is regarding L4-L5/L5-S1 AP fusion with cage instrumentation. MTUS does not reference spinal fusion in their guidelines. However, the Low Back Complaints Chapter of the ACOEM Practice Guidelines state there is no scientific evidence about 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 problem, in the absence of spinal fracture, dislocation or spondylolithesis if there is instability and motion in the segment operated on. In this case, the treating physician notes that the patient has failed to improved with all conservative care and that the patient continues suffer from significant low back pain and would like to perform two level decompression and fusion. MRI showed stenosis from L4 to S1 along with spondylosis. No radiculopathy is described. The treater's request for lumbar fusion is not supported by the ACOEM guidelines. The request for L4-5 and L5-S1 spinal fusion with cage and instrumentation, with assistant surgeon [REDACTED], PA-C and [REDACTED] (co/vascular surgeon), with a four-day inpatient stay, and pre-op medical clearance with chest X-ray, is not medically necessary or appropriate.

Cold therapy unit (30-day rental), one commode, one front wheeled walker, one pneumatic intermittent compression device, and LSO 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 or appropriate.

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 or appropriate.

Post-operative physical therapy, three times per week for six weeks: 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 or appropriate.