

Case Number:	CM13-0056565		
Date Assigned:	12/30/2013	Date of Injury:	07/05/2009
Decision Date:	06/04/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/22/2013

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, 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 patient is a 56 year old male who initially presented with both cervical and lumbar region pain. The clinical note dated 04/04/12 indicates the patient stated the initial injury occurred on 07/05/09 when he was pulling baked goods of an area that was below his waist. The patient stated that he had an inability to fully extend back up secondary to pain. The note indicates the patient stating the pain was located at the right buttocks and posterior thigh. The patient also reported thoracic region spinal pain. The patient reported a strange sensation radiating down the left lower extremity. The patient rated the pain as 4-6/10. The note indicates the patient having undergone chiropractic therapy which did provide some benefit. The patient also reported continuing with a home exercise program. The patient also had an epidural steroid injection which provided some benefit as well. The clinical note dated 01/11/13 indicates the patient rating his low back pain as 7/10. The patient stated the intensity of the pain increases with activity levels. The patient was able to demonstrate 30 degrees of lumbar flexion, 15 degrees of extension, 30 degrees of right lateral bending, 20 degrees of left lateral bending, and 45 degrees of left rotation along with 40 degrees of right rotation. The patient has a positive straight leg raise on the left at 45 degrees. Reflexes are diminished at the ankles. The note indicates the patient having undergone an MRI in 2009 which revealed a spondylolisthesis at L4-5 with moderately severe left sided foraminal narrowing and moderate right narrowing. A disc bulge without central stenosis was identified at L5-S1. Moderately severe right and moderate left foraminal narrowing was present. The note indicates the patient utilizing Ibuprofen at that time for pain relief. The MRI of the lumbar spine dated 01/22/13 revealed a moderately advanced disc degeneration with disc space narrowing and disc desiccation at L4-5. Mild to moderate facet arthropathy was also present. A thickening of the ligamentum flavum was noted. A grade anterolisthesis was identified. Disc degeneration was also identified at L5-S1 with a right posterolateral disc

protrusion and an annular bulge. The clinical note dated 10/11/13 indicates the patient continuing with 4-7/10 pain. The note indicates the patient continuing with a home exercise program. The clinical note dated 11/07/13 indicates the patient being recommended for an L4 through S1 fusion from both the anterior and posterior approaches. The clinical note dated 11/13/13 indicates the patient continuing with low back pain. Reflexes continued to be diminished at the ankles. Range of motion deficits were identified throughout the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 ANTERIOR FUSION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The documentation indicates the patient having complaints of a long history of low back pain with associated range of motion deficits. A fusion would be indicated in the lumbar region provided the patient meets specific criteria to include the patient having completed a psychosocial evaluation addressing any confounding issues as well as potential outcomes of the pending surgery. No information was submitted regarding the patient having completed a psychosocial evaluation. Additionally, no x-rays were submitted confirming the patient's instability at the affected levels. Given these factors, the request is not indicated as medically necessary.

L4-S1 POSTERIOR FUSION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The documentation indicates the patient having complaints of a long history of low back pain with associated range of motion deficits. A fusion would be indicated in the lumbar region provided the patient meets specific criteria to include the patient having completed a psychosocial evaluation addressing any confounding issues as well as potential outcomes of the pending surgery. No information was submitted regarding the patient having completed a psychosocial evaluation. Additionally, no x-rays were submitted confirming the patient's instability at the affected levels. Given these factors, the request is not indicated as medically necessary.

7 DAY INPATIENT HOSPITAL STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter. Hospital Inpatient Stay.

Decision rationale: Given the lack of certification regarding the requested surgery, this additional request is rendered not medically necessary.

ASSISTANT WITH ANTERIOR APPROACH: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians As Assistants With Surgery, 2011 Report.

Decision rationale: Given the lack of certification regarding the requested surgery, this additional request is rendered not medically necessary.

ASSISTANT WITH POSTERIOR APPROACH: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians As Assistants With Surgery, 2011 Report.

Decision rationale: Given the lack of certification regarding the requested surgery, this additional request is rendered not medically necessary.