MAXIMUS Federal Services

Case Number:	CM13-0056927		
Date Assigned:	12/30/2013	Date of Injury:	05/06/2010
Decision Date:	04/15/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 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:

This is a 55-year-old gentleman who works as a custodian and suffered an injury to his low back in the course of lifting at work on 5/6/10. The claimant was diagnosed with discogenic pain in his lumbar spine. The records provided for review described a preponderance of low back pain with intermittent left lower extremity pain radiating to the left thigh. There was no description of a neurologic deficit. The clinical work up has included x-rays and MRI Scan which revealed spondylitic changes but no evidence of distinct nerve compression. Discography was reportedly positive at L4-5 and L5-S1 with a negative control at L3-4. Of note, there is no documented evidence of structural instability on imaging studies. Also, in the records provided for review, there is no psychological evaluation documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for L4-5 and L5-S1 anterior lumbar interbody fusion:

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 the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter low back: Spinal Fusion; pg 307, 310.

Decision rationale: California ACOEM 2004 Guidelines discuss the indications for lumbar spine fusion surgery pointing out that in cases of structural instability or compelling indications such as progressive neurologic deficit, surgical fusion is, in fact, indicated. In the absence of structural instability, they cite evidence that fusion for discogenic disorders has not resulted in predictable outcomes. Furthermore, they point out that discography has not been a reliable predictor of success or failure for lumbar fusion surgery. Lastly, they point out the importance of addressing confounding psychosocial issues that have proven to have a negative effect on outcomes. The records in this particular case fail to demonstrate any evidence of structural instability or compelling indication for surgery. While the claimant reportedly has evidence of positive discography, that in itself would not be an indication for lumbar fusion surgery. There is no indication that the claimant has been through psychological testing. Based on all of the information provided above, the request for two-level lumbar fusion surgery cannot be recommended as reasonable or medically necessary in this setting.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines; 18th Edition: Assistant Surgeon.

Decision rationale: As the requested surgery has been deemed not medically necessary, then the request for an assistant surgeon would also be deemed not medically necessary.

The request for in-patient length of stay times two to three days at Riverside community hospital.: 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 Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines: 18th Edition: Inpatient and Surgical Length of Stay

Decision rationale: As the requested surgery has been deemed not medically necessary, then the request for 2-3 day inpatient length of stay would also be deemed not medically necessary.

The request for Pre-op Clearance: 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): Treatment for Worker's Comp: 18th Edition: 2013 Updates: Chapter low back: preop clearance.

Decision rationale: As the requested surgery has been deemed not medically necessary, then the request for preoperative medical clearance would also be deemed not medically necessary.

The request for purchase of front wheel walker: 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): Treatment in Worker's Comp; 18th Edition: 2013 Updates: Chapter knee and leg: walking aids

Decision rationale: As the requested surgery has been deemed not medically necessary, then the request for a front-wheeled walker would also be deemed not medically necessary.

The request for purchase of a lumbar brace: 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): Treatment in Worker's Comp: 18th Edition: 2013 Updates: Chapter low back: lumbar supports.

Decision rationale: As the requested surgery has been deemed not medically necessary, then the request for a lumbar brace would also be deemed not medically necessary.