

Case Number:	CM13-0057512		
Date Assigned:	12/30/2013	Date of Injury:	05/22/2012
Decision Date:	04/15/2014	UR Denial Date:	11/12/2013
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:

The claimant is a 35-year-old individual, who sustained an injury to the low back related to performing repetitive tasks as a police officer on May 22, 2012. The clinical records provided for review identified an MRI report dated April 18, 2013 showing broad based protrusions at the L4-5 and L5-S1 level, resulting in neural foraminal narrowing at both levels. There were no other clinical findings in the MRI report. A clinical report of October 11, 2013 indicated ongoing complaints of pain in the low back despite conservative care including lumbar epidural injections, therapy, medication management, and activity restrictions. Physical examination findings on that date showed normal sensory and motor examination of the lower extremities, with no documented weakness, a normal gait pattern, equal and symmetrical reflexes and a normal vascular examination. Electrodiagnostic studies performed on that date were noted to be "normal". A follow-up orthopedic consultation report on October 30, 2013 noted ongoing complaints of pain, with radiating pain to the left lower extremity. Physical examination was documented to show 4/5 extensor hallucis longus (EHL) strength on the left, with positive left sided straight leg raising. Radiographs reviewed on that date showed lumbar disc space narrowing at L5-S1, but no documentation of segmental instability. Surgical recommendations were made for an L4-5 and L5-S1 instrumented fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR LUMBAR INTERBODY FUSION L5-S1, ANTERIOR LUMBAR DISC ARTHROPLASTY VERSUS FUSION AT L4-5 AND L5-S1 INSTRUMENTATION,

PEDICLE SCREW PLACEMENT, LUMBAR DECOMPRESSION, ALLOGRAFT, ILLIAC CREST BONE MARROW ASPIRATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM 2nd Edition, Chapter 12 (Revised 2008)

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

Decision rationale: The MTUS/ACOEM Guidelines indicate, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. 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 spondylolisthesis if there is instability and motion in the segment operated on. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient. A recent study has shown that only 29% assessed themselves as "much better" in the surgical group versus 14% "much better" in the nonfusion group (a 15% greater chance of being "much better") versus a 17% complication rate (including 9% life-threatening or reoperation)." Based on the MTUS/ACOEM Guidelines, surgical fusion would not be indicated. There are no medical records provided that supports the claimant's clinical picture of radiculopathy or segmental instability to justify or support the need of the operative request in question. The claimant's electrodiagnostic studies were normal with imaging failing to demonstrate motion. The lack of the above would fail to necessitate the role of the lumbar fusion procedure as outlined.

ASSISTANT SURGEON: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM 2nd Edition, Chapter 12 (Revised 2008)

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

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

PRE OPERATIVE MEDICAL CLEARANCE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM 2nd Edition, Chapter 12 (Revised 2008)

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

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

TRIMOD BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM 2nd Edition, Chapter 12 (Revised 2008)

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

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

AQUATIC THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM 2nd Edition, Chapter 12 (Revised 2008)

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

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

LAND THERAPY TWO (2) TIMES A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM 2nd Edition, Chapter 12 (Revised 2008)

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

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

