

Case Number:	CM13-0058307		
Date Assigned:	12/30/2013	Date of Injury:	12/15/2006
Decision Date:	04/01/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 50-year-old male who reported an injury on 12/15/2006. The specific mechanism of injury for that date was not provided. The patient had a laminectomy and discectomy at L5 in 1992. The patient had an MRI (magnetic resonance imaging) of the lumbar spine without contrast on 12/12/2013 which revealed moderate narrowing of the right and moderate to severe narrowing of the left L5-S1 neural foramina due to uncovertebral spurring. There was impingement upon the exiting L5 nerve roots worse on the left. The patient had chief complaints of low back pain, spondylolisthesis, instability and bilateral lower extremity radiculopathy. The patient was complaining of increasing pain in the back radiating down to both legs more so on the right than the left with numbness and tingling and his leg giving out on him particularly on the right. The patient had an anterior cruciate ligament (ACL) surgery on the right knee. The patient was noted to have trialed chiropractic care and physical therapy. It was indicated the patient did not have injections in his spine although he had multiple injections into his knee. The motor examination revealed 3/5 weakness for the right plantar flexion and 4/5 weakness for bilateral dorsiflexion. Neurologically the patient was significant for diminished sensation in an S1 distribution on the right. Assessment was noted to be a 50-year-old gentleman with single level disease moderate to severe. The plan was noted to be an L5-S1 instrumented fusion and decompression. The diagnoses were noted to be acquired spondylolisthesis and nonalopathic lesions not elsewhere classified in the lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative lumbar back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310-311. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The ACOEM Guidelines indicate that spinal fusion in the absence of fracture dislocation complications of tumor or infection is not recommended. There were no indications however for a spinal fusion. As such, secondary guidelines were sought. Per the Official Disability Guidelines (ODG), preoperative surgical indications for a spinal fusion should include all of the following: 1). all pain generators are identified and treated, 2). all physical medicine and manual therapy interventions are completed, 3). x-rays demonstrating spinal instability and/or myelogram, computed tomography (CT) myelogram or discography an MRI demonstrating disc pathology, 4). spine pathology limited to 2 levels, 5). psychosocial screen with confounding issues addressed, 6). for any potential fusion surgery it is recommended that the injured refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. The patient's MRI (magnetic resonance imaging) demonstrated disc pathology and that the spinal pathology was limited to 2 levels. The clinical documentation submitted for review failed to indicate that all pain generators were identified and treated, and that the patient had x-rays demonstrating spinal instability. The clinical documentation failed to indicate the patient had a psychosocial screen with confounding issues addressed. Given the above, the request for L5-S1 TLIF (Transforaminal Lumbar Interbody Fusion), PSF/PSI (posterior spinal fusion/posterior spinal instrumentation) is not medically necessary.

L5-S1 TLIF, PSF/PSI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation and Official Disability Guidelines (ODG), Low Back Chapter, Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back chapter.

Decision rationale: The ACOEM Guidelines indicate that spinal fusion in the absence of fracture dislocation complications of tumor or infection is not recommended. There were no indications however for a spinal fusion. As such, secondary guidelines were sought. Per the Official Disability Guidelines (ODG), preoperative surgical indications for a spinal fusion should include all of the following: 1). all pain generators are identified and treated, 2). all physical medicine and manual therapy interventions are completed, 3). x-rays demonstrating spinal instability and/or myelogram, computed tomography (CT) myelogram or discography an MRI demonstrating disc pathology, 4). spine pathology limited to 2 levels, 5). psychosocial screen with confounding issues addressed, 6). for any potential fusion surgery it is recommended

that the injured refrain from smoking for at least 6 weeks prior to surgery and during the period of fusion healing. The patient's MRI (magnetic resonance imaging) demonstrated disc pathology and that the spinal pathology was limited to 2 levels. The clinical documentation submitted for review failed to indicate that all pain generators were identified and treated, and that the patient had x-rays demonstrating spinal instability. The clinical documentation failed to indicate the patient had a psychosocial screen with confounding issues addressed. Given the above, the request for L5-S1 TLIF (Transforaminal Lumbar Interbody Fusion), PSF/PSI (posterior spinal fusion/posterior spinal instrumentation) is not medically necessary.

post operative Island Bandage 4x10, one (1) box: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nls.org/conf/services.htm>.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310-311. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

18 sessions of post operative physical therapy, three (3) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310-311. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.