

Case Number:	CM13-0062303		
Date Assigned:	06/09/2014	Date of Injury:	03/18/2008
Decision Date:	08/07/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/14/2013

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 patient is a 75-year-old male with a 3/18/08 date of injury due to free fall in the elevator, approximately 6 feet. 6/17/13 Progress note described 50-75% pain relief from an ESI that lasted 2-3 months. Flex/ex films revealed no instability. 7/18/13 Progress note describe no focal neurological deficits. 10/10/13 Progress note described severe low back pain, bilateral leg pain, and fatigue. Clinically, there was limited range of motion secondary to pain. Imaging from 5/29/13 revealed mild degenerative changes along the lumbar spine; moderate degenerative changes of L5-S1 intervertebral disc; 4-5 mm of anterior spondylolisthesis of L5 over S1. Diagnosis is L5-S1 degenerative disc disease and spondylolisthesis with associated foraminal stenosis. Treatment to date has included PT, acupuncture, activity modification, ESI, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 ANTERIOR LUMBAR INTERBODY FUSION, LOS, PRE-OP VASCULAR SURGEON CONSULTATION WITH [REDACTED]: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 305-307 and on the Non-MTUS Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: Medical necessity for the requested lumbar fusion is established. The patient is a 75-year-old male who sustained a significant injury in 2008. A request for fusion obtained an adverse determination due to lack of documented neurological deficits on physical examination. However, it is noted that the patient has significant low back pain, as well as bilateral leg pain. There is note of a lumbar ESI that provided substantial pain relief for several months. Imaging revealed moderate degenerative changes of L5-S1 intervertebral disc, 4-5 mm of anterior spondylolisthesis of L5 over S1, and moderate bilateral foraminal narrowing. The other levels were unremarkable. 2008 imaging revealed a pars defect at this level. Due to progression in symptomatology and imaging findings, the request is substantiated. CA MTUS recommends lumbar decompression/fusion for patients who have failed conservative, are significantly symptomatic and have corroborating imaging studies. Fusion is supported for patients with evidence of spondylolisthesis. In addition, due to the patient's age and anterior approach, preoperative evaluation with a vascular surgeon is medically necessary.

PRE-OP MEDICAL CLEARANCE WITH [REDACTED]: Overturned

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 Official Disability Guidelines (ODG) ODG Low Back Chapter.

Decision rationale: Medical necessity for the associated request, lumbar fusion was established. Guidelines support more extensive preoperative clearance for patient's who are 50 years and older. In light of surgical intervention, the request for preoperative clearance is substantiated.

PSYCHOLOGIST/PSYCHIATRIST EVAL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 9792.24.2 Page 100-101 Psychological evaluations Page(s): 100-101.

Decision rationale: Medical Necessity for preoperative psychological evaluation is substantiated. Lumbar fusion was found medically reasonable. It is also medically reasonable to allow for psychological clearance prior to proceeding with surgery, in order to assess the patient's psychological state and surgical expectations. CA MTUS states that psychological evaluations are recommended and are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations.

POST-OP PHYSICAL THERAPY TO LUMBAR X24 VISITS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Medical necessity for lumbar fusion was established. Guidelines support up

to 34 sessions of PT following lumbar fusion. The request meets guideline criteria and is substantiated.