

Case Number:	CM13-0064498		
Date Assigned:	01/03/2014	Date of Injury:	05/04/2013
Decision Date:	03/27/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/11/2013

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 40 year old male who was injured lower back on 05/04/2013 while unloading merchandise from a truck. Prior treatment history included physical therapy, medications, and lumbosacral epidural steroid injection at the right L5-S1 on 09/12/2013 and 09/26/2013 with temporary relief. MRI of the lumbar performed 05/26/2013 revealed mild central canal stenosis and bilateral neural foraminal stenosis at L5-S1 secondary to a 7.0 mm broad-based disc herniation, mild central canal stenosis at L4-L5 secondary to a 5.5 mm broad-based disc herniation and short pedicles, mild straightening of the normal lordotic curve, which may be related to position, and/or muscle spasm. A clinic note dated 10/14/2013 indicates that patient presented with severe lower back pain radiating into the legs/toes. On physical exam, normal balance, no gross muscle weakness, and no gross deficits except for those noted in extremity exam. There was some lumbar spine tenderness with limited flexion. Diagnosis was lumbar disc herniation, right L5-S1 with right S1 radiculopathy, disc protrusion at L4-5 without disc herniation, moderate hypertrophic facet changes at L5-S1, mild central canal stenosis at L4-5. Plan was anterior posterior lumbar decompression and fusion L4-5, L5-S1 with instrumentation and bone graft with assistant surgeon and vascular surgeon assist. A clinic note dated 12/05/2013 documented the patient to have complaints of low back, bilateral buttock and leg pain, and insomnia. Objective findings on exam included lumbar spine and spasms. Straight-leg-raising was positive. Faber test was negative. There was decreased sensation at L4-5 and L5-S1. Diagnoses were stenosis and spondylosis, at L4-5 and L5-S1, facet arthropathy, L4-5 and L5-S1, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

An anterior posterior lumbar decompression and fusion at L4-5 and L5-S1 with instrumentation and bone graft with vascular surgeon assist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion

Decision rationale: As per CA MTUS guidelines, fusion of the spine is not usually considered during the first three months of symptoms except for cases of trauma-related spinal fracture or dislocation. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. As per ODG, fusion is not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction, but recommended as an option for spinal fracture, dislocation, spondylolisthesis or frank neurogenic compromise. In this case, the patient has persistent lower back pain despite trial of conservative care including medications, physical therapy and ESIs. The lumbar MRI showed disc herniation at L5-S1 with mild central canal stenosis and bilateral foraminal stenosis and disc herniation at L4-5 with mild central canal stenosis. There is documentation of decreased right patellar DTR and decreased sensation over L4-5 and L5-S1. There is no documentation of motor deficits in bilateral lower extremities. The MRI findings described showed only mild central canal stenosis at L4-5 and no foraminal stenosis. These findings are not significant enough to warrant surgical fusion, thus the request is non-certified.

A four 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 cite any medical evidence for its decision.

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

One 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 cite any medical evidence for its decision.

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

A TLSO back brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

A cold therapy unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

A three-in-one commode: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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