

Case Number:	CM13-0068123		
Date Assigned:	01/03/2014	Date of Injury:	08/11/2011
Decision Date:	06/16/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/12/2013

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 injured worker is a 50-year-old female who reported an injury on 08/11/2011. The mechanism of injury was not stated. Current diagnoses include lumbar herniated disc, cervical stenosis, and cervical herniated disc. The injured worker was evaluated on 12/18/2013. The injured worker was status post epidural steroid injection without relief. The injured worker reported persistent lower back pain with radiation to the right lower extremity. Physical examination revealed 4/5 strength in the bilateral lower extremities, decreased sensation in the L5-S1 distribution on the right, and negative Waddell's sign. Treatment recommendations at that time included an anterior and posterior L4 to S1 fusion. It is noted, the injured worker underwent an MRI of the lumbar spine on 07/17/2012, which indicated neural foraminal stenosis bilaterally at L5-S1, left lateral recess narrowing and neural foraminal stenosis bilaterally at L4-5, and otherwise unremarkable findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR AND POSTERIOR LUMBAR FUSION AND DECOMPRESSION L4-S1 LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: Low Back Complaints /ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and a failure of conservative treatment. Official Disability Guidelines state pre-operative clinical surgical indications for spinal fusion should include identification and treatment of all pain generators, completion of physical medicine and manual therapy interventions, demonstration of spinal instability on x-rays and/or CT myelogram, and a psychosocial evaluation. There is no documentation of an exhaustion of conservative treatment to include physical medicine and manual therapy. There is no evidence of spinal instability upon flexion and extension view radiographs. There is also no documentation of a psychosocial evaluation. Based on the aforementioned points, the injured worker does not meet criteria for the requested surgical procedure. As such, the request is not medically necessary.

2 DAY INPATIENT STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (Updated 12/4/13), Hospital Length Of Stay (LOS).

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.