

Case Number:	CM13-0068593		
Date Assigned:	12/23/2013	Date of Injury:	09/23/2011
Decision Date:	01/02/2014	UR Denial Date:	11/22/2013
Priority:	Expedited	Application Received:	12/20/2013

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, has a subspecialty in Spine 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant is a 58-year-old male with a reported date of injury of 04/28/2000 to 09/22/2011. The mechanism of injury is described as repetitive work, including sitting in the cab of a machine with lots of bouncing being done. It was reported he was in a loader at work with subsequent back pain. On 12/07/2012, he was seen for Agreed Medical Evaluation and it was noted he had previous lumbar surgery. Straight leg raise was positive on the right and negative on the left. Sensation was intact throughout the upper and lower extremities, and patellar and Achilles reflexes were 2+. He had 5/5 motor strength in the lower extremities. He returned to clinic on 08/07/2013, at which time he was found to be status post right-sided L4-5 hemilaminotomy and microdiscectomy and had L2-3, L3-4, and L4-5 discogenic back pain. It was noted his back pain was discogenic in nature, and he was thought to be a suitable candidate for decompression and fusion with instrumentation from L2-5. Diagnoses included status post right-sided L4-5 hemilaminotomy and microdiscectomy and L2-3, L3-4, and L4-5 discogenic back pain, and procedure going forward was to perform an L2-5 decompression and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent spine surgery: 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.

Decision rationale: This request is for a fusion from L2-5. It was noted that he had previously had L2-3, L3-4, and L4-5 discogenic back pain, but this has not been verified by any objective tests that were provided for this review. No MRIs and no discograms were provided for this review to objectively document any significant pathology in the lumbar spine that would be amenable to fusion. Although the records discuss conservative care, no physical therapy notes or interventional injection notes were provided for this review to objectively document failure of conservative measures. The most recent record fails to indicate whether he has any significant neurological deficits for which a decompression would be supported. MTUS/ACOEM indicates that there should be "clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair." There also should be "failure of conservative treatment to resolve disabling radicular symptoms." For lumbar spine surgery, MTUS/ACOEM also advocates a psychosocial evaluation to address any confounding issues and to further improve chances of improvement from the surgical procedure. Psychosocial evaluation has not been provided for this review. The most recent clinical note with a physical examination is dated 08/07/2013. There is no current clinical evaluation of this claimant to demonstrate that he currently needs a decompression or if he has significant functional deficits. MTUS/ACOEM also indicates that patients with comorbidities may be poor candidates for surgery, and comorbidities should be weighed and discussed carefully with the patient. The records provided for this review indicate this patient may have a comorbidity after having undergone a laparoscopic cholecystectomy with urosepsis and renal calculi being demonstrated postoperatively. He also has Hep C, for which the records do not reflect current treatment. Therefore, he may be a poor candidate for this type of surgery. The records do not indicate any significant physical findings that would be correlated to any level from L2 down to L5. Therefore, rationale for proceeding with this surgical procedure at this time has not been demonstrated by the records and would not be supported by MTUS/ACOEM, Chapter 12. Therefore, this request is non-certified.