

Case Number:	CM14-0009062		
Date Assigned:	02/14/2014	Date of Injury:	08/22/2005
Decision Date:	07/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/23/2014

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 Occupational Medicine 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 54-year-old female who has submitted a claim for L4-S1 Degenerative Disc Disease, L4-5 Stenosis, L4-5 Spondylolisthesis, Left Leg Radiculopathy, C3-C7 Facet Arthropathy, and Cervical Disc Degeneration at C3-C7 with Spondylosis, associated with an industrial injury date of August 22, 2005. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back pain radiating down the lower extremities, rated 6 on VAS. She also complained of neck pain radiating to the shoulders, rated 5 on VAS, and bilateral wrist pain, rated 4 on VAS. She also had left knee pain, rated 7 on VAS, associated with catching and locking. On physical examination, there was tenderness and spasm noted in the paralumbar muscles. Lumbar spine x-rays dated March 14, 2013 revealed a well-maintained L4-L5 spondylolisthesis and intact hardware. Treatment to date has included medications, physical therapy, H-wave unit, left knee arthroscopy, lumbar epidural steroid injections, lumbar radiofrequency ablation, L4-S1 transforaminal lumbar interbody fusion and posterior spinal instrumentation and fusion with cage and instrumentation (June 6, 2012), and diagnostic lumbar hardware block at L4-S1 levels. Utilization review from December 27, 2013 denied the request for 1-2 segment posterior non-segmental fusion because no data was presented to justify the request; LSO brace because it is not required for postoperative mobilization; and MRI left knee because of absence of red flag criteria.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1-2) segment posterior non-segmental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion (Spinal).

Decision rationale: CA MTUS does not specifically address lumbar spinal fusion for chronic low back pain. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that indications for spinal fusion may include: (1) neural arch defect; (2) objectively demonstrable segmental instability; (3) primary mechanical back pain/functional spinal unit failure/instability; (4) revision surgery for failed previous operations if significant functional gains are anticipated; (5) infection, tumor, or deformity of the lumbosacral spine; and (6) after failure of two discectomies on the same disc. Furthermore, revision surgery for purposes of pain relief must be approached with extreme caution due to the less than 50% success rate reported in medical literature. In this case, L4-S1 transforaminal lumbar interbody fusion and posterior spinal instrumentation and fusion with cage and instrumentation were performed on June 6, 2012. In addition, lumbar hardware block at L4-S1 levels performed on November 20, 2013 yielded diagnostic results, which confirmed that the patient's hardware was at least part of her pain generator. Thus, hardware removal at L4-5 was recommended. However, there was no rationale regarding the need for 1-2 segment posterior non-segmental fusion. Furthermore, the medical records failed to provide evidence of the presence of any of the above-mentioned criteria for spinal fusion. There is no clear indication for the requested procedure. Therefore, the request for 1-2 segment posterior non-segmental is not medically necessary.

LSO brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: According to page 301 of the ACOEM Practice Guidelines referenced by CA MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. In this case, given the 2005 date of injury, the patient's low back complaints are chronic in nature. A rationale regarding the need for a lumbar support was not provided. Therefore, the request for LSO BRACE is not medically necessary.

MRI left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 13-1.

Decision rationale: According to ACOEM Practice Guidelines referenced by CA MTUS, MRI is recommended for an unstable knee with documented episodes of locking, popping, giving way, recurrent effusion, clear signs of a bucket handle tear, and to determine extent of ACL tear preoperatively. In this case, MRI of the left knee was requested due to mechanical symptoms of locking consistent with an on-going lateral meniscal tear. However, the medical records did not show physical examination findings of knee instability or clear signs of a bucket handle tear. There were also no recorded physical examination findings supporting the diagnosis of a lateral meniscal tear. Therefore, the request for MRI left knee is not medically necessary.