

Case Number:	CM14-0109238		
Date Assigned:	08/04/2014	Date of Injury:	08/19/2003
Decision Date:	09/19/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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 Orthopedic Spine Surgery, and is licensed to practice in Texas. 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 64-year-old male who reported an injury on 08/19/2003. The mechanism of injury involved a fall. The injured worker has also been treated for a chemical exposure. Current diagnoses include lumbar discopathy/instability and bilateral carpal tunnel syndrome. The injured worker was evaluated on 05/14/2014 with complaints of ongoing symptomatology in the lumbar spine. The injured worker is noted to have a left foot drop and neural compromise with stenosis. Physical examination of the lumbar spine revealed pain and tenderness across the iliac crest into the lumbosacral spine, guarded and restricted range of motion, a radicular component in the lower extremities, weakness in the left lower extremity, absent Achilles reflex, and left foot drop. It is noted that the injured worker underwent an MRI of the lumbar spine on 04/11/2014. However, the official imaging study was not provided for this review. The injured worker is also noted to have undergone electrodiagnostic evaluation of the bilateral upper extremities on 04/08/2014. Treatment recommendations at that time included an L4-S1 posterior lumbar interbody fusion with realignment of the junctional kyphotic deformity and possible reduction of listhesis. It is noted that the injured worker has been previously treated with medication and 10 physical therapy sessions, as well as 3 lumbar epidural injections. There was no Request for Authorization form submitted for this review. The latest MRI of the lumbar spine is documented on 09/21/2009, which indicated a 3 to 4 mm disc protrusion at L5-S1 with mild to moderate foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 posterior lumbar inter-body fusion (PLIF) with realignment of junctional kyphotic deformity and possible reduction of listhesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary, (last updated 05/12/2014), Patient criteria for lumbar spinal fusion and Official Disability Guidelines, Indications for Surgery-Discectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state preoperative clinical surgical indications for a spinal fusion should include the identification and treatment of all pain generators, completion of all physical medicine and manual therapy interventions, documented spinal instability upon x-ray or CT myelogram, spine pathology limited to 2 levels, and a psychosocial screening. The most recent MRI of the lumbar spine was not provided for this review. There is no documentation of spinal instability upon flexion/extension view radiographs. There is also no documentation of the completion of a psychosocial screening prior to the request for a lumbar fusion. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate.

Unspecified length of inpatient hospital 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, Treatment in Worker's Compensation, Low Back Procedure Summary (last updated 05/12/2014), Hospital Length of Stay (LOS) Guidelines.

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.