

Case Number:	CM14-0011209		
Date Assigned:	02/21/2014	Date of Injury:	11/27/2012
Decision Date:	11/24/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/28/2014

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 Surgeon 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:

44 year old male claimant sustained a work injury on 11/27/12 involving the low back. He was diagnosed with L5-S1 disc disease based on an MRI in 2013. A progress note on 1/8/14 indicated the claimant had received 2 epidural steroid injections for back pain. Exam findings were notable for tenderness in the paraspinal lumbar region and reduced range of motion. An MRI done in December 2014 indicated enlargement of L5-S1 disc protrusion. Authorization was requested for a L5-S1 interbody lumbar fusion, CT of the lumbar spine, a LSO brace and a bone growth stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 anterior lumbar interbody fusion and posterior spinal fusion with instrumentation and laminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back Fusion (spinal)

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

Decision rationale: According to the ACOEM guidelines, spinal fusion is not recommended in the absence of fracture, dislocation, tumor or infection. In this case, the claimant did not have the above indications. The lumbar fusion is not medically necessary.

CT lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, a CT of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, the claimant did not have the above findings as noted on a recent MRI. The CT of the lumbar spine is not medically necessary.

LSO brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

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

Decision rationale: According to the ACOEM guidelines, lumbar supports such as LSO brace do not provide lasting benefit beyond the acute phase. The claimant's symptoms were chronic and an LSO brace is not medically necessary.

ESI bone growth stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back

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, Bone growth stimulators (BGS).

Decision rationale: According to the ODG guidelines, bone growth stimulators are under study. There is some evidence for improving fusion rate. Since the fusion is not medically necessary, the bone growth stimulator is also not medically necessary.