

Case Number:	CM14-0015273		
Date Assigned:	06/11/2014	Date of Injury:	03/15/2013
Decision Date:	07/14/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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 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 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 57-year-old male who reported an injury on 03/15/2013 after he pushed a dolly with mail bins. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, chiropractic care, acupuncture, a lumbar brace, medications and epidural steroid injections. The injured worker underwent an electrodiagnostic study on 11/04/2013, which did not identify any abnormalities to support lumbar radiculopathy bilaterally. The injured worker underwent an MRI on 05/14/2013 which identified that there was a disc protrusion at the L5-S1, impinging on the exiting left S1 nerve root, and a disc bulge at the L3-4 and L4-5, causing neural foraminal narrowing bilaterally and a disc bulge at the L1-2. There was degenerative disc disease at the L5-S1 disc level. The injured worker was evaluated on 11/08/2013. It was noted that the injured worker complained of low back pain that radiated into the bilateral lower extremities, rated at a 6/10 to 7/10. Physical findings of the lumbar spine included restricted range of motion secondary to pain and 4/5 bilateral lower extremity muscle strength. There was decreased sensation in the S1 dermatomal distribution on the left. A request was made for an anterior posterior fusion, discectomy, decompression and instrumentation at the L3-4, L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE SURGERY, ANTERIOR/POSTERIOR FUSION, DISCECTOMY, DECOMPRESSION, AND FUSION INSTRUMENTATION AT LEVEL L3-L4, L4-L5, L5-S1: Upheld

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

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

Decision rationale: The requested lumbar spine surgery of an anterior/posterior fusion, discectomy, decompression and fusion instrumentation at the levels of L3-4, L4-5 and L5-S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery for injured workers who have evidence of instability. The clinical documentation submitted for review does not provide any evidence of instability that would require a fusion surgery and would not respond to lower levels of surgical intervention. Additionally, the American College of Occupational and Environmental Medicine recommends surgical intervention to the low back when there are severe and disabling lower leg symptoms in dermatomal and myotomal distributions, consistent with abnormalities identified on imaging studies that have failed to respond to conservative treatment. The clinical documentation does indicate that the injured worker has neural compromise at the L5-S1 level. However, the clinical documentation fails to provide objective evidence of radiculopathy for the L3 and L4 distributions. Therefore, the need for a surgical intervention at these levels is not clearly supported by the clinical documentation. As such, the requested lumbar spine surgery of an anterior/posterior fusion, discectomy, decompression and fusion instrumentation at the L3-4, L4-5 and L5-S1 is not medically necessary or appropriate.

HOSPITAL STAY FOR 2 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

LUMBAR BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

MEDICAL CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.