

Case Number:	CM14-0115709		
Date Assigned:	08/27/2014	Date of Injury:	02/14/2014
Decision Date:	12/05/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/23/2014

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 Orthopedic 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 52-year-old male who reported an injury on 02/14/2014. The mechanism of injury involved a fall. The current diagnoses include cervical disc degeneration and lumbosacral disc degeneration. The injured worker presented on 06/16/2014 with complaints of persistent lower back pain. Previous conservative treatment was noted to include physical therapy, medications, and epidural steroid injections. The physical examination on that date revealed tenderness, guarding, and spasm to the lumbar paraspinal musculature with severe painful loss of range of motion, positive straight leg raising bilaterally, and decreased sensation in the L5-S1 distribution. X-rays revealed significant discogenic changes at the L5 and L4-5 disc levels. The treatment recommendations at that time included authorization for anterior lumbar decompression and interbody stabilization at L4-5 and L5-S1. There was no Request for Authorization form submitted for this review. It is noted that the injured worker underwent an MRI of the lumbar spine on 06/09/2014, which revealed disc bulging at L4-5 and L5-S1 with bilateral facet arthropathy and bilateral neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Decompression and Interbody Stabilization L4-5 and L5-S1: 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 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 may be indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and failure of conservative treatment. The Official Disability Guidelines state presurgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, it was noted that the injured worker had exhausted conservative treatment. However, there was no documentation of spinal instability upon flexion and extension view radiographs. There was no documentation of a significant functional limitation. There is also no mention of a psychosocial screening. Based on the clinical information received, the request is not medically necessary.

3 Night Stay: 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.

Assistant Surgeon: 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.

LSO (lumbar sacral orthosis) Back 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.