

Case Number:	CM14-0123300		
Date Assigned:	08/08/2014	Date of Injury:	07/20/2012
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/05/2014

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 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 47-year-old male who reported an injury on 07/20/2012. The mechanism of injury was running on a treadmill during training to perform job duties as a police officer. The injured worker's treatment history included medications, acupuncture, chiropractic care, physical therapy, multiple epidural steroid injections and a lumbar support brace. The injured worker underwent an MRI on 02/17/2014 of the lumbar spine that documented there was a disc bulge without significant stenosis at the L3-4 and L4-5. It was documented that there was mild left central canal stenosis due to a disc bulge with compression on the descending left S1 nerve root at the L5-S1. On that same day, the injured worker underwent a CT of the lumbar spine that documented similar findings. The injured worker was evaluated on 02/10/2014. Evaluation of the lumbar spine documented limited range of motion secondary to pain. The injured worker's neurological evaluation at that appointment documented that the injured worker had intact sensation to light touch in the L2-S1 distributions bilaterally with normal muscle strength and normal deep tendon reflexes bilaterally. It was noted that the injured worker had a negative straight leg raising test bilaterally. It was noted that there were no other alternatives other than a fusion. A request was made for fusion surgery. A Letter of Medical Necessity dated 06/20/2014 documented that the injured worker was a surgical candidate for stabilization at the L5-S1. A Request for Authorization form was not submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 anterior interbody fusion with discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

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

Decision rationale: The requested 1 anterior interbody fusion and discectomy is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend fusion surgery in the absence of instability of the spinal column. The clinical documentation submitted for review does not provide any evidence that the injured worker has instability in the spinal column and would require fusion surgery. Additionally, the clinical documentation fails to provide any severe disabling radicular symptoms that would support the need for surgical intervention. Although it is noted in the MRI that the injured worker has pathology that would benefit from surgical intervention, there is no indication of instability to support the need for fusion. Furthermore, the request, as it is submitted, does not clearly identify a level of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested 1 anterior interbody fusion with discectomy is not medically necessary or appropriate.

1 pre-op medical clearance with a cardiologist and vascular exposure surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

1 post-op lumbar support brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.