

Case Number:	CM14-0134266		
Date Assigned:	08/25/2014	Date of Injury:	12/31/2006
Decision Date:	10/02/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/19/2014

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 Surgeon 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 40-year-old male who reported an injury on 12/31/2006. The mechanism of injury was a slip and fall. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included corticosteroid injections, physical therapy, acupuncture, rhizotomy, and multiple medications. The injured worker underwent an MRI on 05/10/2014 that documented a mild retrolisthesis at the L3 on the L4, a disc protrusion at the L3-4 impinging the L4 nerve roots bilaterally and causing a mild degree of central canal stenosis, and a disc bulge impinging the exiting L3 nerve roots. It was documented that there was a disc bulge at the L4-5 impinging the left L5 nerve root causing mild central canal narrowing. The injured worker was evaluated on 07/02/2014. Objective findings included a restricted range of motion of the lumbar spine secondary to pain with 5/5 motor strength of the bilateral lower extremities and decreased sensation of the left posterior and lateral thigh. The patient had absent Achilles reflexes bilaterally and trace patellar reflexes of the left lower extremity. The injured worker had a positive straight leg raising test bilaterally. The injured worker's diagnoses included degenerative disc with protrusions at the L3-4, L4-5, and L5-S1; mild retrolisthesis at the L3-4; and mild central and right foraminal stenosis at the L3-4 and mild central and foraminal stenosis at the L4-5. A request was made for 3 level interbody fusion at the L3-4, L4-5, and L5-S1. No justification for the request was provided. A Request for Authorization form was submitted on 07/30/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op DME: Cyberteck Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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.

Post-Op DME: Spinalogic Bone Growth Stimulator: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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.

Post-Op DME: Vascotherm Cold Compression Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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.

Pre Op Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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.

Three Level Lateral Interbody Fusion At L3-L4 And L4-L5 And A Posterior Lumbar Interbody Fusion At L5-S1 With Pedicle Screw Instrumentation At L3-S1, No Length Of Inpatient Stay Identified: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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

Decision rationale: The requested 3 level lateral interbody fusion at L3-4 and L4-5 and a posterior lumbar interbody fusion at L5-S1 with pedicle screw instrumentation at the L3-S1 with no length of inpatient stay identified is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery for the lumbar spine when there is documented evidence of instability and physical findings of deficits in specific dermatomal distributions correlated with pathology identified on an imaging study. Additionally, psychological evaluation is recommended prior to spinal surgery. The clinical documentation submitted for review does indicate that the injured worker has mild instability at the L3-4 with nerve root pathology identified at the L4-5 and L5-S1. The clinical documentation submitted for review does support the injured worker has a clinical presentation consistent with this pathology that has failed to respond to multiple conservative treatments. However, there is no documentation of a psychological evaluation to support that the patient is a surgical candidate for this multilevel fusion. As such, the requested 3 level lateral interbody fusion at L3-4 and L4-5 and a posterior lumbar interbody fusion at L5-S1 with pedicle screw instrumentation at the L3-S1 with no length of inpatient stay identified is not medically necessary or appropriate.