

Case Number:	CM14-0134439		
Date Assigned:	08/29/2014	Date of Injury:	06/20/2008
Decision Date:	10/03/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/20/2014

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 46-year-old male who reported an injury on 06/20/2008 due to an unknown mechanism of injury. The injured worker's treatment history included bilateral carpal tunnel release, physical therapy, medications, and epidural steroid injections. The injured worker underwent an MRI of the lumbar spine on 05/22/2014. Findings included degenerative disc disease at the L3-4 through L5-S1 with a large disc protrusion at the L4-5 impinging on the right L5 nerve root; severe stenosis of the right neural foramen at the L4-5 entrapping the right L4 nerve root; and severe right and left neural foraminal stenosis at the L5-S1, entrapping the right and left L5 nerve roots. The injured worker was evaluated on 07/31/2014. It was documented that the injured worker had low back pain radiating into the lower extremities that prevented full participation in activities of daily living. Medications included hydrocodone, gabapentin, naproxen, clonazepam, and cyclobenzaprine. Physical findings included restricted range of motion secondary to pain, with a mildly antalgic gait favoring the left knee, and tenderness to the posterior portion of the lumbar spine. It was noted that an x-ray was completed on that day that documented lumbar spondylosis at the L4-5 and L5-S1. The injured worker's diagnoses included severe back and leg pain refractory to optimal conservative treatment. The injured worker's treatment plan included posterior lumbar decompression and fusion at the L4-5 and L5-S1 to relieve leg pain. No Request for Authorization form was 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 Posterior lumbar decompression and fusion at the L4-5 and L5-S1 levels: Upheld

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

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

Decision rationale: The requested 1 posterior lumbar decompression and fusion at the L4-5 and L5-S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical fusion surgery for patients who have documented instability that would benefit from stabilizing the spine. The clinical documentation submitted for review does indicate that the injured worker has severe spinal canal and neural foraminal stenosis. Decompression could contribute to instability requiring fusion surgery. However, the American College of Occupational and Environmental Medicine recommend a psychological evaluation prior to spine surgery. The clinical documentation fails to provide any evidence of a psychological evaluation to support that the injured worker is a psychologically appropriate candidate for multilevel spinal surgery. As such, the requested posterior lumbar decompression and fusion at the L4-5 and L5-S1 levels is not medically necessary or appropriate.

3 days in-patient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hospital Length of Stay (LOS) Guidelines

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-operative Laboratory Work (CBC, CMP, UA, PT and PTT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Preoperative lab testing

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-Operative Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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.