

Case Number:	CM14-0134794		
Date Assigned:	08/27/2014	Date of Injury:	09/23/1985
Decision Date:	10/03/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/21/2014

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 Texas. 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 67-year-old female who reported an injury on 09/23/1985 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The injured worker underwent an MRI on 01/31/2014. It was documented that the injured worker had a disc bulge at the L3-4 causing a moderate right neural foraminal stenosis and severe left neural foraminal stenosis; a disc bulge at the L4-5 causing moderate to severe left neural foraminal stenosis and mild to moderate right neural foraminal stenosis; a disc bulge at the L5-S1 causing moderate to severe right neural foraminal stenosis; and mild to moderate left neural foraminal stenosis. The injured worker's treatment history included acupuncture, physical therapy, aquatic therapy, epidural steroid injections, and multiple medications. The injured worker was evaluated on 05/12/2014. It was documented that the injured worker had significant lumbar spine pain with a decreased right knee jerk. It was documented that the injured worker was a surgical candidate due to multilevel disc bulging. The injured worker was evaluated on 07/07/2014. Physical findings included lumbosacral paraspinal spasms. The injured worker's diagnoses included cervical spine discopathy and lumbosacral discopathy. It was documented that the treating provider was awaiting authorization for surgical intervention. No Request for Authorization form was provided to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) L3-Sacrum posterior lumbar decompression, fusion (intertransverse and interbody) instrumentation, iliac crest bone graft: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery

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

Decision rationale: The requested decision for One (1) L3-Sacrum posterior lumbar decompression, fusion (intertransverse and interbody) instrumentation, and iliac crest bone graft is not medically necessary or appropriate. The American College of Occupational Environmental Medicine recommends fusion surgery for patients who have documented instability that have failed to respond to conservative treatments. The clinical documentation submitted for review does indicate that the injured worker does have multilevel disc pathology. However, there is no documentation that decompression would cause significant instability requiring stabilization of the spine. Furthermore, the American College of Occupational Environmental Medicine recommends psychological screening of patients undergoing spinal surgery. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone any psychological screening to identify behaviors that would interfere with appropriate functional recovery following surgical intervention. As such, the requested One (1) L3-Sacrum posterior lumbar decompression, fusion (intertransverse and interbody) instrumentation, iliac crest bone graft is not medically necessary or appropriate.

Three (3) day 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 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.

One (1) 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.

One (1) pre-op medical clearance with an internist: 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.

Twelve (12) post-op sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 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.