

Case Number:	CM14-0136045		
Date Assigned:	09/03/2014	Date of Injury:	07/02/2001
Decision Date:	11/03/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/22/2014

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 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 64-year-old male who reported an injury on 07/02/2001. The mechanism of injury involved a motor vehicle accident. The current diagnoses include back pain, lumbar degenerative disc disease, spinal stenosis with neurogenic claudication, lumbar radiculopathy, mild scoliosis, severe degenerative disc disease with facet hypertrophy and facet arthropathy. The injured worker was evaluated on 07/16/2014 with complaints of ongoing lower back pain. The current medications include docusate, Norco, fentanyl and Lyrica. Previous conservative treatment is also noted to include physical therapy, chiropractic therapy, medications and epidural steroid injections. Physical examination revealed moderate tenderness to palpation, severely limited range of motion, positive straight leg raising on the right, an antalgic gait and intact sensation. Treatment recommendations at that time included surgical intervention with preoperative medication, postoperative medication a surgical assistant and cardiac clearance. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar posterior fusion w/ interbody graft L2-3, laminectomy L1-2, L2-3, 3 days inpatient stay: Upheld

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

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: 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 limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical 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 spinal instability upon x-ray of CT myelogram, spine pathology that is limited to 2 levels and a psychosocial screening. While it is noted that the injured worker has exhausted conservative treatment, there is no documentation of spinal instability upon flexion and extension view radiographs. There was no evidence of a psychosocial screening prior to the request for a lumbar fusion. Based on the clinical information received, the request is not medically appropriate at this time.

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.

Cardiac clearance: 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.

Ancef 1 gm prior to surgery, 2 gms if weight is greater than 80 grams: 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.

Post-op Norco 10/325mg #50, 1 refill: 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.