

Case Number:	CM14-0138603		
Date Assigned:	09/05/2014	Date of Injury:	11/04/2007
Decision Date:	10/09/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/27/2014

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 37-year-old male who reported an injury on 11/04/2007. The mechanism of injury was not provided. The diagnosis included lumbar/lumbosacral disc degeneration. The injured worker was noted to have an MRI of the lumbar spine on 07/18/2014 which revealed no abnormal enhancement of the distal spinal cord nerve roots or dorsal surfaces and no pathology from T12-L1 to L3-4. There was a loss of disc signal at L4-5 with a 2 mm left paracentral and foraminal disc protrusion resulting in mild left foraminal stenosis and a marked loss of disc height at L5-S1, with an endplate osteophyte formation resulting in mild to moderate bilateral foraminal stenosis and evidence of a posterior decompression on the right without significant epidural scar tissue. The injured worker had an x-ray, which revealed severe degenerated disc at L5-S1 with kyphosis, modic changes, and sclerotic endplates. Prior treatments included lumbar spine decompressive surgery in 2002, thirty physical therapy visits, epidural steroid injections, and medications. The documentation of 07/23/2014 revealed the injured worker had moderate pain. The pain was located in the back of the right leg. The injured worker was noted to have attended physical therapy. The diagnosis was degenerative disc disease and the treatment plan included anterior lumbar interbody fusion at L5-S1. The medications included Norco. The physical examination revealed the injured worker had decreased sensation in the right S1 dermatomes. The straight leg raise bilaterally produced some back pain. The discussion included the fusion would be indicated because the injured worker had failed conservative management and had degenerative disc disease and as the injured worker had S1 radiculopathy, and the physician opined the most effective way to decompress the nerve was to fuse the space that would allow distraction of the disc space, and mobilization in the degree of decompression required to decompress the foramen at L5-S1 would require removal of the L5-S1 facets, and as such, fusion would be indicated. The subsequent documentation dated 08/11/2014 revealed the

injured worker was screened by the physician and determined to have no psychosocial factors to support a necessity for a psychosocial screening. The physician documented to satisfy the criteria, the injured worker would see an internal medicine doctor who could perform a psychosocial screening. The physician further opined that if the injured worker passed a psychosocial screen, he should be an adequate candidate for an anterior fusion. There was a Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Anterior lumbar interbody fusion L5-S1 between 7/30/2014 and 11/27/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Clinicians should consider referral for psychological screening to improve surgical outcomes. Electrodiagnostic studies would not be necessary for a fusion; however, the physician additionally indicated there was a necessity to treat the injured worker's radiculopathy, which would require positive electrodiagnostic findings. The physician documented the injured worker failed conservative care. There was radiologic evidence of a severe degenerated disc. The physician's rationale for a fusion was the injured worker failed conservative management and had an S1 radiculopathy and the most effect way to fuse the space and there would be a requirement to decompress the foramen, which would cause the spine to become unstable. The clinical documentation submitted for review indicated the injured worker would undergo a psychosocial screening. There was a lack of documented results for the psychosocial screening. The request for a decompression was not included in the request for a fusion. Given the above, the lack of clarity and the lack of the psychosocial screening, the request for 1 Anterior lumbar interbody fusion L5-S1 between 7/30/2014 and 11/27/2014 is not medically necessary.

1 Assistant surgeon between 7/30/2014 and 11/27/2014: 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.

1 Medical clearance (Electrocardiogram/Labs) between 7/30/2014 and 11/27/2014: 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.

1 Pre-Operative appointment (Chest X-ray) between 7/30/2014 and 11/27/2014: 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.

18 Post-Operative physical therapy sessions between 7/30/2014 and 11/27/2014: 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.

1 [REDACTED] hard back brace between 7/30/2014 and 11/27/2014: 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.

3 day in-patient hospital stay between 7/30/2014 and 11/27/2014: 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.