

Case Number:	CM14-0139179		
Date Assigned:	09/10/2014	Date of Injury:	12/13/2011
Decision Date:	10/14/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/28/2014

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 50-year-old female who reported an injury on 12/13/2011. The mechanism of injury was noted to be the injured worker had a student knock her into a door and yank on her arm, injuring her neck, low back, shoulder blades, buttocks, and back of her thigh. The surgical history included 5 low back surgeries. Prior therapies included physiotherapy, chiropractic care, and injections. The documentation of 06/06/2014 revealed the injured worker's last injection did not help low back pain. The injured worker was noted to have been seen by a spine specialist who stated the injured worker was a surgical candidate. The injured worker wanted another opinion regarding the lumbar spine. The injured worker indicated the lumbar spine is her greatest complaint. The physical examination revealed the injured worker had tightness in the left upper trapezius region. The examination of the lumbar spine revealed tenderness in the left buttocks region. The injured worker had a negative straight leg raise bilaterally in the sitting position. The injured worker had 5/5 quadriceps strength test bilaterally. The injured worker had tenderness in the bilateral triceps and examination in the bilateral triceps. The diagnosis included lumbar strain/arthrosis/discopathy with foraminal stenosis, status post previous lumbar spine surgery. The injured worker was noted to have psychiatric diagnoses which were not provided. The injured worker's medications included diclofenac, Ultracet, and hydrocodone. The request was made for a referral to a spine specialist for a second opinion regarding the lumbar spine. The documentation revealed the EMG/NCV showed findings consistent with L5 and S1 radiculopathy. The documentation indicated the MRI and x-rays revealed findings of compression to the L5-S1 with the loss of interpedicular distance on a lateral view and some functional stenosis at L5-S1. The specific request for treatment was not provided. There was no Request for Authorization submitted for the requested procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy Posterior Spinal Fusion with Instrumentation Posterior Lateral Interbody Fusion at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary (last updated 07/03/2014)

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. The clinical documentation submitted for review failed to provide documentation of the official MRI report to support the necessity for surgical intervention. There was a lack of documentation of a failure of recent conservative care. There was a lack of documentation indicating the injured worker had instability or motion at L5-S1 through radiologic studies including flexion and extension films. Given the above, the request for laminectomy posterior spinal fusion with instrumentation posterior lateral interbody fusion at L5-S1 is not medically necessary.

Commode: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary (last updated 07/03/2014)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Front Wheel Walker: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary (last updated 07/03/2014)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Custom Molded TLSO Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary (last updated 07/03/2014)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Medical Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary (last updated 07/03/2014)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

5-Day Inpatient Stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary (last updated 07/03/2014)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Assistant Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary (last updated 07/03/2014)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.