

Case Number:	CM14-0143536		
Date Assigned:	09/29/2014	Date of Injury:	02/14/2014
Decision Date:	12/24/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/04/2014

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 New York. 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:

This 46 year old injured worker reported a work related bilateral lumbar spine injury on 2/14/2014, resulting in increased pain with continuous standing, bending and twisting. The injured worker (IW) is noted to be on modified work duty at the present time. Diagnosis includes moderate right foraminal stenosis secondary to disc protrusion, mild to moderate facet arthropathy at Lumbar 5-Sacral 1 (L5-S1), and L4-L5 moderate bilateral foraminal stenosis, left > right, due to foraminal protrusions and annular tear; and minor lateral recess encroachment. MRI, from 3/29/2014, shows a grade one spondylolisthesis at L4-L5 with facet arthropathy and lateral recess stenosis. Treatment has included diagnostic studies, medication management, Physical Therapy (PT) and right L4-L5 epidural steroid injections (ESI). A follow-up visit on 8/7/2014 reported improvement from 6 weeks of PT, and the 8/11/2014 visit report a stated 100% relief, x 6 days, after the right-side ESI at L4-L5, on 7/29/2014, with continued 90% relief and positive examination findings; and no radicular findings on exam. The complaint was for continued pain on the left side. The recommended, and requested, treatment plan included L4-L5 decompression and fusion surgery with a surgical assistant and 3 night hospital stay, left L4-L5 ESI, and pre-operative medical clearance to include electrocardiogram (EKG), chest x-ray, and laboratories. On 8/19/2014, Utilization Review non-certified all of these requests citing MTUS and Official Disability Guidelines (ODG) that support that no surgical intervention is not indicated at this time. Guidelines do not recommend fusion of the spine during the first three months of symptoms, and not without documentation of objective and documented examination findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. Furthermore, conservative care, with ESI, is providing relief to the IW (injured worker) at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 decompression and fusion: 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 07/03/14), Indications for Surgery-Discectomy/Laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG low back chapter

Decision rationale: This patient does not meet establish criteria for lumbar fusion surgery. Specifically the medical records do not document abnormal motion or instability in the lumbar level. In addition there are no red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. In addition, the medical records do not document physical exam findings that clearly correlate with imaging study showing specific compression of the nerve root. Criteria for lumbar decompression and lumbar fusion not met in this case. The request is not medically necessary.

3 night stay: 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.

Surgical Assistant: 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.

EKG (electrocardiogram): 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.

X-ray: 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.

Left L4-5 epidural steroidal injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: The medical records documenting the patient had an epidural steroid injection. The medical records do not document more than 50% relief of symptoms for a prolonged period of time. The patient has not had low back pain for a prolonged period of time. More conservative measures, such as physical therapy are medically necessary at this time. Substantial long-term improvement has not been demonstrated with previous epidural steroid injection. Criteria for an additional epidural steroid injection is not medically necessary.

Preoperative medical 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.

Labs: 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.