

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0150569 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 10/20/2009 |
| Decision Date: | 10/22/2014 | UR Denial Date: | 08/29/2014 |
| Priority: | Standard | Application Received: | 09/16/2014 |

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 Surgeon 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 58-year-old male who reported an injury on October 20, 2009 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included medications. The injured worker diagnostic studies included an x-ray of the lumbar spine, dated August 14, 2014, that documented there was moderate multilevel degenerative disc disease, and a 2 mm retrolisthesis at the L3-4. The injured worker was evaluated on August 14, 2014. Physical findings included normal range of motion; however, pain elicited at 30 degrees of flexion. It was documented that the injured worker had tenderness to palpation of the facet joints at the L3-5. The injured worker had motor strength weakness rated at a 3/5 of the right extensor hallucis longus and 4/5 of the left extensor hallucis longus, 4/5 of the right tibialis anterior, and 4/5 of the bilateral gastrocnemius. The injured worker had absent Achilles tendon reflexes bilaterally. It was noted that the injured worker had undergone an MRI in January of 2014. However, an independent evaluation of that MRI was not provided for review. A request was made for fusion and decompression at the L4-S1. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior interbody fusion decompression L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The American College of Occupational and Environmental Medicine recommend decompression surgery for patients who have persistent radicular findings consistent with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has clinical findings of radiculopathy in the L4-5 and L5-S1 nerve root distributions. However, an independent review of the imaging study to support nerve root pathology was not provided for review, therefore, the appropriateness of decompression surgery cannot be determined. The American College of Occupational and Environmental Medicine recommend fusion in cases of instability. The clinical documentation submitted for review does not provide any evidence of instability at the L4-5 or L5-S1 levels. The clinical documentation did include an x-ray that indicated there was a retrolisthesis at the L3-4. However, there was no indication of instability at the requested levels. Therefore, fusion surgery would not be indicated in this clinical situation. The American College of Occupational and Environmental Medicine also recommend a psychological assessment prior to spinal surgery. The clinical documentation does not provide any evidence that the patient has undergone a psychological assessment prior to the surgical request. As such, the requested anterior interbody fusion decompression L4-S1 is not medically necessary or appropriate.

Post fusion L4-S1 instrumentation L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The American College of Occupational and Environmental Medicine recommend decompression surgery for patients who have persistent radicular findings consistent with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has clinical findings of radiculopathy in the L4-5 and L5-S1 nerve root distributions. However, an independent review of the imaging study to support nerve root pathology was not provided for review, therefore, the appropriateness of decompression surgery cannot be determined. The American College of Occupational and Environmental Medicine recommend fusion in cases of instability. The clinical documentation submitted for review does not provide any evidence of instability at the L4-5 or L5-S1 levels. The clinical documentation did include an x-ray that indicated there was a retrolisthesis at the L3-4. However, there was no indication of instability at the requested levels. Therefore, fusion surgery would not be indicated in this clinical situation. The American College of Occupational and Environmental Medicine also recommend a psychological assessment prior to spinal surgery. The clinical documentation does not provide

any evidence that the patient has undergone a psychological assessment prior to the surgical request. As such, the requested post fusion L4-S1 instrumentation L4-S1 is not medically necessary or appropriate.

Interbody cage 5 day length of stay staged surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability 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.