

Case Number:	CM14-0159812		
Date Assigned:	10/03/2014	Date of Injury:	10/27/2009
Decision Date:	11/06/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/29/2014

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 42-year-old female who reported an injury on 10/27/2009. The mechanism of injury involved repetitive activity. The current diagnoses include degenerative disc disease, acute low back pain, and history of spine surgery in 2013. The latest physician progress report submitted for this review is documented on 08/25/2014. The injured worker presented with complaints of persistent lower back pain. Physical examination revealed diminished lumbar range of motion, negative straight leg raising, tenderness to palpation, normal motor strength in the bilateral lower extremities, and intact sensation. Treatment recommendations at that time included a lumbar MRI. It was noted that the injured worker then underwent an MRI of the lumbar spine on 08/29/2014, which indicated postsurgical changes at L4-5 with a 1 to 2 mm disc protrusion causing abutment on the descending right L5 nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 Fusion with revision L4/L5 fusion and pedicle screw instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), LUMBAR SPINE

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 is 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 failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. There is no documentation of a significant musculoskeletal or neurological deficit upon physical examination. There was no documentation of spinal instability upon flexion and extension view radiographs. There is also no documentation of a psychosocial screening. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate at this time.

Vascular Surgeon cosurgery for lateral approach: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

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.

Assistant for posterior portion of the surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

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.