

Case Number:	CM14-0159874		
Date Assigned:	10/03/2014	Date of Injury:	10/02/2013
Decision Date:	12/08/2014	UR Denial Date:	09/26/2014
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 Surgery and is licensed to practice in New Jersey. 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 29-year-old female who reported an injury on 10/02/2013. The mechanism of injury involved a fall. The current diagnosis is lumbar sprain and strain. The injured worker presented on 09/04/2014 with complaints of persistent lower back pain. The injured worker also reported radiating symptoms into the left lower extremity. Previous conservative treatment includes physical therapy and bracing. Physical examination revealed an antalgic gait, weakness with dorsiflexion and plantar flexion on the left and decreased sensation in the L5 and S1 level. X-rays obtained in the office revealed L4-5 and L5-S1 foraminal stenosis. It is noted that the injured worker underwent an EMG/NCV study, which revealed left L5 radiculopathy. Treatment recommendations included a laminectomy with posterior spinal fusion and instrumentation at L5-S1. There was no Request for Authorization form submitted for this review. It is noted that the injured worker underwent a MRI of the lumbar spine on 11/25/2013, which revealed disc bulge at L5-S1.

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 L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter, Fusion (spinal)

Decision rationale: The 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 spinal 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. As per the documentation submitted, the injured worker has been previously treated with physical therapy and bracing. However, there is no documentation of a significant functional limitation. There was no documentation of spinal instability upon flexion and extension view radiographs. There was also no mention of a psychosocial screening. Based on the clinical information received, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary.

5 Day Inpatient Stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 207.

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.