

Case Number:	CM14-0170886		
Date Assigned:	10/23/2014	Date of Injury:	08/12/2013
Decision Date:	12/04/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/16/2014

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 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 35-year-old male who reported an injury on 08/12/2013. The mechanism of injury was not stated. The current diagnoses include L5-S1 stenosis and grade II anterolisthesis of L5 over S1. Previous conservative treatment includes physical therapy, acupuncture, epidural steroid injection, and medication management. The injured worker was evaluated on 09/17/2014 with complaints of persistent lower back pain with radiation into the bilateral lower extremities. The current medication regimen includes Ibuprofen and Tramadol. Physical examination revealed decreased sensation in the bilateral L5-S1 nerve roots, normal motor strength in the lower extremities, and negative tenderness. Treatment recommendations at that time included an L5-S1 decompression and instrumented fusion. A Request for Authorization form was then submitted on 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Decompression and Instrumented Fusion with TLIF with 2 day inpatient stay:
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): 305-306. 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 may be indicated for injured workers 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 care. The Official Disability Guidelines state the preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, 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 functional limitation. There is no evidence of spinal instability upon flexion and extension view radiographs. There is also no documentation of a psychosocial screening. As such, the request is not medically necessary.

Pre-Operative Medical clearance with Internist to include CXR, Labs and EKG: 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter, Fusion (spinal)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Lumbar Brace: 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter, Fusion (spinal)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

OrthoFix Bone Growth Stimulator: 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)
Low back Chapter, Fusion (spinal)

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.