

Case Number:	CM14-0176235		
Date Assigned:	10/29/2014	Date of Injury:	06/04/2010
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/23/2014

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 53-year-old female who reported a repetitive strain injury on 06/04/2010. The current diagnoses include mood disorder, status post C5-6 anterior cervical fusion and instrumentation, multilevel lumbar stenosis with claudication, L4-5 intervertebral disc herniation, L5-S1 peridural fibrosis, hypertension, obesity, abrasion of the left flank, and ingrown toenail of the left hallux. The injured worker was evaluated on 09/09/2014. Previous conservative treatment is noted to include medication management. The current medication regimen includes Cymbalta, Luvox, Xanax, and Ambien. The injured worker's physical examination revealed a markedly antalgic gait, increased lower extremity tone, 3+ extremity patellar reflexes on other right, diminished Achilles reflexes, and intact sensation. Treatment recommendations at that time included re-exploration and bilateral L2-5 laminectomies, medial facetectomies, possible discectomies, and fusion with instrumentation. A Request for Authorization form was then submitted on 09/09/2014. It is noted that the injured worker underwent a magnetic resonance imaging (MRI) of the lumbar spine on 04/02/2014, which revealed posterior disc protrusion at L4-5 and L5-S1. The injured worker also underwent x-rays of the lumbar spine on 03/28/2014, which revealed minimal scoliosis and degenerative disc narrowing at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-Exploration Bilateral L2-L3 Laminectomy, Medial Facetectomy, Possible Discectomy/Fusion/Instrument: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

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 preoperative clinical 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, there is no evidence of a significant functional limitation up on physical examination. There is no mention of an exhaustion of conservative treatment. There is no documentation of spinal instability upon flexion and extension view radiographs. There is also no documentation of a psychosocial screening prior to the request for a lumbar fusion. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

Re-Exploration Bilateral L3-L4 Laminectomy, Medial Facetectomy, Possible Discectomy/Fusion/Instrument: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

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 preoperative clinical 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, there is no evidence of a significant functional limitation up on physical examination. There is no mention of an exhaustion of conservative treatment. There is no documentation of spinal instability upon flexion and extension view radiographs. There is also no documentation of a psychosocial screening prior to the request for a lumbar fusion. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

Re-Exploration Bilateral L4-L5 Laminectomy, Medial Facetectomy, Possible Discectomy/Fusion/Instrument: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

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 preoperative clinical 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, there is no evidence of a significant functional limitation upon physical examination. There is no mention of an exhaustion of conservative treatment. There is no documentation of spinal instability upon flexion and extension view radiographs. There is also no documentation of a psychosocial screening prior to the request for a lumbar fusion. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

Associated Surgical Service: Electrocardiography (EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Chapter- Pre-operative testing

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.

Associated Surgical Service: Serum Human Chorionic Gonadotropin (HCG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Chapter- Pre-operative testing

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.

Associated Surgical Service: Complete Blood Count (CBC): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Chapter- Pre-operative testing

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.