

Case Number:	CM14-0178135		
Date Assigned:	10/31/2014	Date of Injury:	10/23/2012
Decision Date:	12/26/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/27/2014

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 50-year-old male who reported an injury on 10/23/2012. The mechanism of injury was from wearing a gun belt for over 25 years, physical altercations with suspects, and having on duty traffic accidents. The diagnoses included degeneration of lumbar or lumbosacral intervertebral disc, lumbago, sciatica, spinal stenosis of the lumbar region. The previous treatments included medication, chiropractic sessions. Diagnostic testing included an MRI of the lumbar spine on 01/13/2013. Within the clinical note dated 09/05/2014, it was reported the patient complained of pain in his lower back with occasional radiating pain to his legs. He rates his pain in his lower back 7/10 in severity, the pain in his right leg 4/10 in severity, and the pain in his left leg 2/10 in severity. The physical examination revealed a negative straight leg raise. The provider indicated the injured worker had grade IV weakness in his left ankle dorsiflexors. The provider indicated the injured worker had bilateral pars defect but painful extension to 15 degrees. The provider requested L4-5 and L5-S1 anterior lumbar interbody fusion with small BPM, 5 day inpatient stay due to a bilateral pars defect and the type of work the injured worker does. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 and L5-S1 anterior lumbar interbody fusion with small Bone, morphogenetic protein (BMP): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Fusion, Anterior Cervical, Bone, Morphogenetic Protein (BMP)

Decision rationale: The request for an L4-L5 and L5-S1 anterior lumbar interbody fusion with small BMP is not medically necessary. The California MTUS/ACOEM Guidelines state for surgery consideration, surgery is only considered when serious spinal pathology and nerve root dysfunction are not responsive to conservative therapy. In addition, the Official Disability Guidelines recommend anterior cervical interbody fusion when: acute trauma or spinal injury resulting in cervical spinal instability; osteomyelitis bone infection resulting in intervertebral body destruction; primary or metastatic bone tumor resulting in fracture instability or spinal cord compression; spondylotic myelopathy based on clinical signs and/or symptoms including clumsiness of hands, urinary urgency, new onset of bowel and bladder incontinence; clinically significant functional limitations resulting in instability or significantly decreased ability to perform normal daily activities; and imaging study demonstrates cervical nerve root compression or diagnostic imaging which demonstrates instability by flexion and extension. Additionally, the Official Disability Guidelines note bone morphogenic protein is not recommended. There is lack of clear evidence of improved outcomes with BMP and there is inadequate evidence of safety and efficacy to support the routine use. The clinical documentation submitted lacked significant objective findings of instability. There is lack of significant objective findings of the L4-5 distribution warranting the medical necessity for the request. Additionally, the BMP is not supported by the guidelines. Therefore, the request is not medically necessary.

Five-day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Fusion, Anterior Cervical, Bone, Morphogenetic Protein (BMP).

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.