

Case Number:	CM14-0179506		
Date Assigned:	11/04/2014	Date of Injury:	07/20/2012
Decision Date:	12/09/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/29/2014

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 Georgia. 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 26-year-old male who reported an injury on 07/20/2012. The mechanism of injury involved heavy lifting. The current diagnosis is lumbar discogenic disease. The injured worker presented on 09/15/2014 with complaints of persistent lower back pain. It is noted that the injured worker has been previously treated with medication management, physical therapy, TENS therapy, chiropractic treatment and epidural steroid injections. Physical examination revealed significant spasm bilaterally, decreased range of motion, 70 degrees flexion, 10 degrees extension, 10 degrees left rotation, 25 degrees right rotation, positive straight leg raise on the right at 45 degrees, positive straight leg raise on the left at 10 degrees, weakness in the left abductor hallucis longus and foot extensors, and intact sensation. Treatment recommendations included continuation of the current medication regimen and an anterior lumbar interbody fusion at L5-S1. There was no Request for Authorization form submitted for this review. It is noted that the injured worker underwent an MRI of the lumbar spine on 06/30/2014, which revealed improvement at the L5-S1 level with regard to the posterior disc protrusion, a lessened mass effect on the descending right S1 nerve root, and a slightly worsened mild right sided foraminal stenosis at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Posterior Lumbar Spine Fusion at the level of L5-S1 with Interspinous Fixation:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online edition, Low Back, Lumbar & Thoracic Chapter

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 spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented spinal 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 exhausted conservative treatment. However, there was no documentation of spinal instability upon flexion and extension view radiographs. There was also no documentation of a psychosocial screening. Therefore, the request is not medically necessary.

One Anterior Lumbar Interbody Fusion at the level of L5-S1 with Spacer Allograft and Plating: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Online edition, Low Back, Lumbar & Thoracic Chapter

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 spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented spinal 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 exhausted conservative treatment. However, there was no documentation of spinal instability upon flexion and extension view radiographs. There was also no documentation of a psychosocial screening. Therefore, the request is not medically necessary.

