

Case Number:	CM14-0181758		
Date Assigned:	11/06/2014	Date of Injury:	09/12/2013
Decision Date:	12/11/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 Surgeon 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 46-year-old male who reported an injury on 09/12/2013. The current diagnoses include lumbar stenosis, scoliosis, lumbar herniated nucleus pulposus, facet arthropathy, and radiculopathy. The injured worker presented on 09/24/2014 with complaints of severe lower back pain with radiation into the lower extremities. Previous conservative treatment includes physical therapy and multiple injections. The current medication regimen includes gabapentin and cyclobenzaprine. Physical examination revealed 4/5 weakness with dorsiflexion and plantarflexion bilaterally, negative atrophy, significant numbness and tingling with radiation into the bilateral lower extremities, and negative swelling. X-rays obtained in the office revealed spondylosis with facet arthropathy. Treatment recommendations included an L4-S1 instrumented fusion and decompression. A Request for Authorization form was then submitted on 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L4-S1 transforaminal lumbar interbody fusion, posterior spinal fusion/posterior spinal instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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 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 mention of a psychosocial screening prior to the request for a spinal fusion. Therefore, the request is not medically appropriate at this time.

Surgical Assistant: Upheld

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

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.

2-day inpatient stay: Upheld

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

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.