

Case Number:	CM14-0023562		
Date Assigned:	06/30/2014	Date of Injury:	01/15/2011
Decision Date:	08/05/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/18/2014

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 Texas, Montana and Tennessee. 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 42-year-old male who reported injury on 01/15/2011. Physical examination dated 11/26/2013 revealed the injured worker had significant complaints of low back pain with radiation to the lower extremities. The physical examination revealed the injured worker had spasm and tenderness in the paralumbar musculature. There was reduced range of motion. The sciatic stretch sign test was positive. The straight leg raise was negative. There was pain with range of motion. The diagnoses included L4-5, L5-S1 disc herniation, with bilateral radiculopathy, and severe L5-S1 herniated nucleus pulposus with degenerative disc disease. The injured worker underwent an MRI of the lumbar spine on 02/16/2012, which revealed a severe discogenic disease and disc space narrowing with vacuum disc phenomenon at the L5-S1 level. The documentation indicated the injured worker had a subsequent MRI of the lumbar spine dated 05/08/2012. The findings were not provided. The treatment plan included a posterior lumbar interbody fusion with instrumentation at L5-S1. The documentation indicated the injured worker had a trial and failure of rest, time off work, therapy, medications, and other conservative methods. The documentation submitted in an appeal was dated 01/20/2014. The documentation indicated the injured worker was constantly performing heavy lifting and carrying of metal materials in the performance of his job. It was indicated the injured worker had x-rays of the lumbar spine revealing disc space narrowing at L4-5 and L5-S1. Additionally, there appeared to be an old L2 compression fracture. The treatment plan included a posterior lumbar interbody fusion with instrumentation L5-S1 (lumbar).

IMR ISSUES, DECISIONS AND RATIONALES

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

TWO 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.

POSTERIOR LUMBAR INTERBODY FUSION WITH INSTRUMENTATION L5-S1 (LUMBAR): 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): 305-307.

Decision rationale: The ACOEM Guidelines indicate that surgical consultation is appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompany objective signs of neural compromise. There should be documentation of activity limitation due to radiating leg pain for more than 1 month or extreme progression of leg symptoms. There should be clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, and documentation of a failure of conservative treatment to resolve the disabling radicular symptoms. Clinicians should consider a referral for psychological screening prior to fusions. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis unless there is instability and motion in the segment operated on. The clinical documentation submitted for review indicated a failure of conservative treatment. The documentation indicated the injured worker underwent an MRI; however, the official read was not provided for review. There was a lack of electrophysiologic evidence. There was a lack of documentation of lumbar spine x-rays on flexion and extension to support that the injured worker had instability. There was a lack of documentation of a psychological consultation. Given the above, the request for posterior lumbar interbody fusion with instrumentation L5-S1 is not medically necessary.