

Case Number:	CM14-0028093		
Date Assigned:	06/16/2014	Date of Injury:	09/16/2011
Decision Date:	08/04/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/05/2014

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 California. 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 37-year-old male who reported injury on 09/16/2011. The mechanism of injury was not provided. Prior treatments included a home exercise program, physical therapy, TENS unit, bracing, medications, and an epidural steroid injection. The injured worker underwent an MRI of the lumbar spine on 10/01/2013, which revealed there was a disc bulge and annular tear at L4-5, with mild bilateral axillary recess and right greater than left neural foraminal stenosis and there was mild arthritic edema in the opposing endplate of L4-5 that appears new from the prior examination. The examination of 10/30/2013 revealed that the injured worker had a social history of smoking. The injured worker's physical examination revealed an antalgic gait and a significant amount of distal lumbar pain as well as pain in the right lumbar paraspinal muscles. The injured worker had decreased range of motion in both flexion and extension. The patient had radiating right lower extremity burning dysesthesia in the anterior thigh, shin, and lateral leg. The injured worker had no left-sided motor or sensory deficits. The injured worker had subtle weakness of the right dorsiflexion, extensor hallucis longus (EHL) in quadriceps grade 4/5. The x-rays revealed the injured worker had spondylosis most pronounced at L4-5. The diagnoses included ruptured degenerative L4-5 disc, with persistent mechanical low back pain and right lower extremity radiculopathy recalcitrant to conservative therapy. The treatment plan included an anterior lumbar interbody fusion at L4-5 augmented with bone morphogenic protein. The physician opined the patient was not a good candidate for a limited decompression surgery and not a candidate for disc replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion L4/L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, and the Non-MTU AMA Guides, Evaluation of Permanent Impairment, 5th Edition, page 379.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The MTUS/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 and preferable accompanied by objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than one (1) month, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the long and short term from surgical repair and a failure of conservative treatment to resolve radicular symptoms. Furthermore, there is no good evidence from controlled trials that spinal fusion alone is effective for the treatment of any type of acute back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis unless there is instability and motion in the segment operated on. The guidelines additionally recommend a referral for a psychological screening to improve surgical outcomes. The clinical documentation submitted for indicated that patient had subtle weakness of the right dorsiflexion, extensor hallucis longus (EHL), and quadriceps grade 4/5. There was a lack of documentation of flexion extension views to support instability. The MRI did not indicate the injured worker had degenerative spondylolisthesis. There was a lack of documentation indicating the injured worker had undergone a psychological evaluation. Given the above, the request for anterior lumbar interbody fusion, L4-5 is not medically necessary.

Three (3) day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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.

Vascular co-surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedic Surgeons.

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.

Lab: 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 Practice Advisory for Preanesthesia Evaluation.

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.

Lab: basic metabolic panel (BMP): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Advisory for Preanesthesia Evaluation.

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.

Lab: partial thromboplastin time/prothombin time (PTT/PT): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Advisory for Preanesthesia Evaluation.

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.

Lab: international normalized ratio (INR): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Advisory for Preanesthesia Evaluation.

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.

Lab: methicillin-resistant staphylococcus aureus (MRSA) culture: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Advisory for Preanesthesia Evaluation.

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.

Preoperative consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice Advisory for Preanesthesia Evaluation.

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.