

Case Number:	CM14-0032433		
Date Assigned:	06/20/2014	Date of Injury:	06/07/2013
Decision Date:	07/21/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/14/2014

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 39-year-old female injured on May 7, 2013. The mechanism of injury was stated to be lifting a bag into a vault. The most recent progress note, dated February 13, 2014, indicated that there were ongoing complaints of low back pain. Current medications were stated to include Ativan, clonazepam, tramadol, gabapentin, Celexa and Metoprolol. No focused physical examination was performed. There were diagnoses of degenerative disc disease at L4-L5 and L5-S1. Surgery and follow-up with pain management were recommended. Percocet was also prescribed. A previous note, dated November 12, 2013, noted a physical examination, which stated that there was diminished sensation in all dermatomes of the right lower extremity. An MRI, dated May 19, 2013 revealed degenerative disc disease at L4-L5 and L5-S1 with small disc protrusions, borderline central canal stenosis and mild bilateral recess stenosis. Previous treatment had included physical therapy, epidural steroid injections, chiropractic care, nonsteroidal anti-inflammatory medications and opioids which did not help. A request had been made for a lumbar fusion at the L4-L5 and L5-S1 levels as well as a postoperative stay and was not certified in the pre-authorization process on February 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion at L4-5 and L5-S1: 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 Workers' Comp 2012 on the Web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com). Section on Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Fusion, updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, a lumbar fusion can be considered for primary mechanical back pain (i.e., pain aggravated by physical activity)/functional spinal unit failure/instability, including one or two level segmental failure with progressive degenerative changes, loss of height and disc loading capability. Additionally, it is stated that after screening for psychosocial variables, outcomes are improved and fusion may be recommended for degenerative disc disease with spinal segment collapse with or without neurological compromise, after 6 months of compliance with recommended conservative therapy. While it was stated that the injured employee has failed to improve with conservative therapy, there was no documentation that preparatory psychosocial screening has been performed. At this time, the request for an anterior lumbar interbody fusion at L4-L5 and L5-S1 is not medically necessary.

Posterior lumbar interbody fusion at L4-5 and L5-S1: 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 Workers' Comp 2012 on the Web (www.odgtreatment.com). Work Loss Data Institute (www.worklossdata.com). Section on Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Fusion, updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, a lumbar fusion can be considered for primary mechanical back pain (i.e., pain aggravated by physical activity)/functional spinal unit failure/instability, including one or two level segmental failure with progressive degenerative changes, loss of height and disc loading capability. Additionally, it is stated that after screening for psychosocial variables, outcomes are improved and fusion may be recommended for degenerative disc disease with spinal segment collapse with or without neurological compromise, after 6 months of compliance with recommended conservative therapy. While it was stated that the injured employee has failed to improve with conservative therapy, there was no documentation that preparatory psychosocial screening has been performed. At this time, the request for an anterior lumbar interbody fusion at L4-L5 and L5-S1 is not medically necessary.

Hospital stay x 5 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Hospital stay, updated July 3, 2014.

Decision rationale: As the previous requests for an anterior and posterior lumbar spinal fusion has been determined not to be medically necessary at this time, the request for a five day postoperative hospital stay is also not medically necessary.