MAXIMUS Federal Services

Case Number:	CM14-0037758		
Date Assigned:	06/25/2014	Date of Injury:	03/14/2003
Decision Date:	07/29/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/30/2014

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 Neurological Surgery, and is licensed to practice 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 59 year-old male was reportedly injured on 3/14/2003. The mechanism of injury is noted only as an industrial injury. The most recent progress note, dated 5/16/2014 indicates that there are ongoing complaints of back pain which radiate into the legs. The physical examination demonstrated, his lumbar spine is tender. Diagnostic imaging studies include an MRI of the lumbar spine for September 2013 reveals L3-4 disc space narrowing with 5 mm posterior disc bulge. L4-5 disc space narrowing is noted with posterior disc bulge, severe narrowing of the central canal and moderate left-sided foraminal stenosis. L5-S1 disc space narrowing, 9 to 10 mm of anterolisthesis of L5 on S1. Bilateral facet hypertrophy with moderate-severe canal narrowing, and foraminal narrowing more severe on the right. Previous treatment includes medications to include Norco. A request had been made for a spinal surgery consultation and treatment and was not certified in the pre-authorization process on 3/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal surgery consultation and Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 1 Consultation. Decision based on Non-MTUS Citation ACOEM (2004), Chapter 7, page 127 - Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Low Back Complaints: Clinical Measures; Surgical Considerations - Spinal Fusion (electronically cited).

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines states, spinal fusion in the absence of fracture, dislocation, complications of tumor, or infection is not recommended. Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. After reviewing the medical documentation provided, it is noted the injured worker has complaints of back pain that radiates into the legs. The physical exam dated 5/16/2014 reveals ongoing complaints of tenderness to palpation of the lumbar spine. The MRI from 2013 of the lumbar spine does reveal anterolisthesis of L5 on S1. This finding does meet the Chronic Pain Medical Treatment Guidelines particularly spinal instability. The request however is for spinal surgical consultation and treatment. This patient does meet criteria for surgery, however the request for treatment is unspecified. Therefore, the request for spinal surgery consultation and treatment is not medically necessary and appropriate.