

Case Number:	CM14-0047698		
Date Assigned:	08/01/2014	Date of Injury:	01/19/2013
Decision Date:	10/07/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/31/2014

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 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 records presented for review indicate that this 61 year-old male was reportedly injured on 1/19/2013. The mechanism of injury is noted as low back injury after pulling pallets and delivering milk. The most recent progress notes dated 2/25/2014 and 3/4/2014, indicates that there are ongoing complaints of low back pain with radiation to the legs. Physical examination demonstrated lumbar spine flexion 70 degrees, extension 20 degrees; left posterior superior iliac spine and sciatic notch tenderness; decrease sensation in dorsum of left foot and anterior leg to light touch/pinprick; motor strength 5/5 on toe extension, plantar flexion, knee extension/flexion; 2+ Patellar and Achilles reflexes. EMG/NCV study dated 9/18/2013 showed left anterior tarsal tunnel syndrome with no evidence of acute lumbar radiculopathy. Plain radiographs of the lumbar spine dated 1/19/2013 demonstrated no acute osseous abnormalities. An MRI of the lumbar spine date 2/22/2013 showed a 3-4 mm disk bulge with foraminal narrowing, facet hypertrophy, marked endplate changes and loss of disk height at L4-L5; 4-5 mm disk bulge with left foraminal narrowing and facet hypertrophy at L3-L4; 2-3 mm disk bulges at L1-L2 and L5-S1. Previous treatment includes physical therapy and medications. A request had been made for L4-L5 posterior interbody fusion with assistant surgeon and instrumentation allografting, three day inpatient hospital stay, and postoperative back brace, which were not certified in the utilization review on 2/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 posterior interbody fusion with assistant surgeon and instrumentation allografting: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition, Chapter 12, Low Back Disorders, Revised, 2008, Surgical Considerations, Spinal Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: MTUS/ACOEM practice guidelines support a spinal fusion for the treatment of fracture, dislocation, spondylolisthesis, instability or evidence of tumor/infection. Review of the available medical records documents chronic low back pain with radiation to the lower extremities after a work-related injury in January 2013, but no documentation of lumbar epidural steroid injections being performed. Furthermore, there are no flexion or extension plain radiographs available to review that demonstrate instability which would necessitate a lumbar spine fusion. As such, this request is not considered medically necessary.

Three day inpatient hospital stay: 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): ODG - TWC/ODG Integrated Treatment/Disability Duration Guidelines; Low Back - Lumbar & Thoracic (Acute & Chronic) - Hospital in the stay (LOS) (updated 08/22/2014).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Postoperative back brace: 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.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.