

Case Number:	CM14-0053885		
Date Assigned:	07/07/2014	Date of Injury:	01/25/2013
Decision Date:	08/14/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/22/2014

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 Spine Surgeon and is licensed to practice in Texas. 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 44-year-old male who reported an injury on 01/25/2013. The mechanism of injury was not stated. Current diagnoses include cervical/lumbar discopathy and cervicgia. The injured worker was evaluated on 02/26/2014. It is noted that the injured worker has been previously treated with physical therapy, medications, and activity modification. The injured worker has also undergone 2 epidural steroid injections. Physical examination on that date revealed pain and tenderness across the iliac crest and into the lumbosacral junction, restricted and guarded range of motion, diminished sensation in the lateral thigh, anterolateral and posterior leg, diminished strength in the bilateral lower extremities, and foot drop. Treatment recommendations at that time included an L4 through S1 posterior lumbar interbody fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 posterior lumbar interbody fusion PLIF with reduction of listhesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Fusion (spinal).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (Spinal).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state preoperative clinical surgical indications for a spinal fusion should include identification and treatment of all pain generators, completion of all physical medicine and manual therapy interventions, documented spinal instability on x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, the injured worker has exhausted conservative treatment. However, there were no x-rays or imaging studies provided for this review. Therefore, there is no documentation of significant spinal instability. There was also no documentation of a psychosocial screening. Therefore, the injured worker does not meet criteria for the requested procedure. As such, the request for L4-S1 Posterior Lumbar Interbody Fusion PLIF with reduction of Listhesis is not medically necessary.

Ice Unit: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request for Ice Unit is non-certified.

Bone stimulator: 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), Low Back Chapter, Bone Growth Stimulators (BGS) section.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request for Bone stimulator is non-certified.