

Case Number:	CM14-0061534		
Date Assigned:	07/09/2014	Date of Injury:	05/11/2011
Decision Date:	11/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/02/2014

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 Surgery 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 54-year-old male who reported an injury on 05/10/2011. The mechanism of injury involved heavy lifting. The current diagnoses include status post lumbar laminectomy, degenerative disc disease with facet arthropathy, and stage IV Non-Hodgkin's lymphoma. The injured worker was evaluated on 03/19/2014. Previous conservative treatment is noted to include physical therapy, chiropractic treatment, acupuncture, trigger point injections, and epidural steroid injections. The injured worker presented with complaints of moderate to severe pain in the lumbosacral spine with radiation into the bilateral lower extremities. Physical examination revealed moderate left sciatic notch tenderness, right sciatic notch tenderness, limited lumbar range of motion, hypesthesia in the entire dorsum of the left foot, hypesthesia in the lateral aspect of the left leg, weakness in the left great toe extensor and left anterior tibialis, slight weakness of the left quadriceps, trace bilateral ankle reflexes, and positive straight leg raise on the left. Treatment recommendations at that time included a decompression laminectomy and discectomy at L5-S1. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One decompression, laminectomy and discectomy at L5-S1 with posterolateral fusion, bone graft, pedicle screw fixations and posterior interbody fusion with implants: Upheld

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

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: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be 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 failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon CT scan or x-ray, 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 was no documentation of spinal instability upon flexion and extension view radiographs. 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 is not medically appropriate.