

Case Number:	CM14-0062810		
Date Assigned:	06/20/2014	Date of Injury:	05/11/2003
Decision Date:	07/25/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/18/2014

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 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 69 year old female whose date of injury is 05/11/03. The mechanism of injury is not described, but the injured worker is noted to have undergone multiple lumbar spine surgeries resulting in fusion L2-S1. The injured worker presents with complaints of increasing low back pain radiating to the lower extremities. Reference is made to updated MRI of the lumbar spine, but no radiology report was submitted for review with objective evidence of progression of adjacent segment disease. Progress report dated 03/03/14 notes that the injured worker continues with back pain, referred to the legs, heaviness, difficulty standing, and feeling as though she is leaning more and more forward. On physical examination she can stand. She has tenderness at the L1-2 segment. The injured worker has increasing pain with extension of the back past neutral. Motor strength was 4/5 in the gastroc, peroneal, and posterior tibialis on the left. She is noted to have tightness in the left leg to straightening. X-rays reportedly demonstrate a solid fusion from L2 to S1 with indwelling hardware, with a degenerative segment at L1-2 that reportedly has settled, and a mild retrolisthesis with standing views. MRI of unknown date was noted to demonstrate a solid fusion from L2 to S1 with some facet arthropathy at L5-S1. Degenerative disc disease is noted at L1-2 with a broad based disc bulge without clear central canal stenosis. The records indicate that the injured worker is taking multiple medications including Ultram, Neurontin, Robaxin, and Lidoderm Patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Preoperative history and Physical Exam: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hospital length of stay (LOS) Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 503.

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

3 Day Inpatient Hospital Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Low Back Complaints.

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, Hospital length of stay (LOS).

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

1 Direct Lumbar Lateral Discectomy and Fusion at the levels of L1-L2 and Posterior Lumbar Decompression and Extension of Fusion: 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)- TWC, Low Back & Thoracic, Discectomy/laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion (spinal).

Decision rationale: Current evidence-based guidelines provide that lumbar fusion surgery may be indicated when imaging studies demonstrate pathology correlated with symptoms and exam findings, if all pain generators have been identified and treated, and all physical medicine and manual therapy interventions have been completed. There is no objective evidence of significant pathology at the L1-2 level to support a determination of medical necessity for the proposed surgery, as no updated MRI or other diagnostic studies were submitted for review. Per orthopedic surgery agreed medical evaluation (AME) re-evaluation report dated 12/05/13, it was noted that the MRI from 01/24/13 showed only a 2mm bulge at L1-2 without any stated evidence of central canal stenosis or neuroforaminal stenosis, and absolutely no mention of a retrolisthesis of L1 on L2. Also, the records submitted include no documentation that the injured worker has

had any recent conservative treatment other than medications. As such, medical necessity is not established, therefore the request is not medically necessary.