MAXIMUS Federal Services

Case Number:	CM14-0067525		
Date Assigned:	07/11/2014	Date of Injury:	01/10/2008
Decision Date:	08/22/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/12/2014

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, Montana, and Tennessee. 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 40-year-old male who reported an injury on 01/10/2008. The mechanism of injury was not stated. The current diagnoses include herniated nucleus pulposus in the lumbar region, lumbar degenerative disc disease, and chronic radicular low back pain. The injured worker was evaluated on 02/27/2014 with complaints of persistent lower back pain with radiation into the left lower extremity. It is noted that the injured worker has been previously treated with epidural steroid injections and medication management. A surgical history includes an L5-S1 microdiscectomy on 04/30/2012. The physical examination on that date revealed diminished sensation along the left lateral lower extremity, limited lumbar range of motion, normal motor strength, and negative straight leg raising. The treatment recommendations at that time included an L5-S1 lumbar decompression with instrumented fusion. It is noted that the injured worker underwent an MRI of the lumbar spine on 12/28/2013, which indicated disc desiccation and lumbar bulging at L5-S1 with effacement on the posterior left S1 nerve root, moderate left-sided subarticular recess stenosis, and normal central canal and neural foramina.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Lumbar Decompression with instrumented interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter; AMA

Guides to the Evaluation of Permanent Impairment, Fifth Edition, Criteria for Instability, page 379.

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 pre-operative clinical surgical indications for a spinal fusion should include the identification of all pain generators, completion of all physical medicine, and manual therapy interventions, documented instability upon x-ray and/or CT myelogram, spine pathology that is limited to 2 levels, and completion of a psychosocial screening. As per the documentation submitted, the injured worker has exhausted conservative treatment. However, there is no documentation of spinal instability upon flexion and extension view radiographs. There is no documentation of the completion of a psychosocial screening prior to the request for a lumbar fusion. Based on the clinical information received and the above-mentioned guidelines, the request is not medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306.

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

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

2 day Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

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

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

Intraoperative spinal cord monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Intraoperative Neurophysiological Monitoring" (http://emedicine.medscape.com/srticle/1137763-overview).

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

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

Autologous Blood Donation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Efficacy of preoperative autologous blood donations for elective posterior lumbar spinal surgery", (http://www.ncbi.nlm.gov/pubmed/21992934).

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

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