

Case Number:	CM14-0069549		
Date Assigned:	07/14/2014	Date of Injury:	11/27/2009
Decision Date:	08/14/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/14/2014

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 53-year-old female who reported an injury on 11/27/2009. The injured worker reportedly suffered a cervical strain while exiting her vehicle. The primary diagnosis is displacement of cervical intervertebral disc without myelopathy. The injured worker was evaluated on 07/01/2014. It is noted that the injured worker has been previously treated with physical therapy, chiropractic treatment, acupuncture, and epidural steroid injections. Physical examination revealed an antalgic gait, tenderness to palpation, painful range of motion, positive straight leg raising on the right, and decreased sensation in the right L4 distribution. An x-ray obtained in the office on that date indicated worsening spondylolisthesis at L5-S1 and mild spondylolisthesis at L4-5. Treatment recommendations at that time included a laminectomy and posterior spinal fusion with instrumentation at L4-5 and L5-S1. It is noted that the injured worker underwent an MRI of the lumbar spine on 05/29/2014, which indicated disc bulging with bilateral neural foraminal stenosis at L4-5 and L5-S1 and a 3 mm spondylolisthesis at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

Lumbar levels 4-5 and lumbar 5-sacral 1 laminectomy with posterior fusion with instrumentation and post lateral interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Acute & Chronic).

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, Laminectomy/Dicectomy, Fusion.

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 prior to a discectomy/laminectomy, there should be objective evidence of radiculopathy upon physical examination. Imaging studies should reveal nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. There should also be evidence of the completion of physical therapy, manual therapy, or a psychological screening. The Official Disability Guidelines further state preoperative surgical indications for a spinal fusion include the identification and treatment of all pain generators, completion of physical medicine and manual therapy interventions, documented instability, spine pathology limited to 2 levels and a psychosocial screening. As per the documentation submitted, the injured worker has exhausted conservative treatment. Physical examination does reveal evidence of radiculopathy. It is noted that the injured worker demonstrates spinal instability upon x-ray. However, there is no documentation of the completion of a psychosocial screening prior to the request for a lumbar fusion. Therefore, the injured worker does not currently meet criteria as outlined by the above mentioned guidelines for the requested procedure. As such, the request is not medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.