

Case Number:	CM14-0071092		
Date Assigned:	08/08/2014	Date of Injury:	04/08/2010
Decision Date:	11/06/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/16/2014

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 53-year-old female who reported an injury on 04/08/2010 after pulling a trash bag out of a trash can. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included physical therapy, medications, and epidural steroid injections. The injured worker underwent an MRI on 07/22/2013. It was documented that the injured worker had multilevel disc bulging and facet hypertrophy. It was noted that the injured worker had a 3 to 4 mm circumferential disc bulge at the L5-S1 causing moderate bilateral neural foraminal narrowing. The injured worker was evaluated on 04/03/2014. It was documented that the injured worker had low back pain radiating into the lower extremities. The injured worker's medications included Vicodin and Motrin. The injured worker had physical findings to include limited range of motion of the lumbar spine. The injured worker had no sensory deficits, motor strength within normal limits, and deep tendon reflexes that were equal and bilateral. The injured worker's diagnoses included severe discogenic low back pain emanating from the L5-S1. The injured worker's treatment plan included lumbar fusion. A Request for Authorization form dated 04/03/2014 was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient L5-S1 anterior instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: The American College of Occupational and Environmental Medicine recommend fusion surgery for patients who have imaging evidence consistent with significant instability. The clinical documentation submitted for review does not provide any evidence that the injured worker has any instability of the lumbar spine to support the need for a fusion surgery. Furthermore, the American College of Occupational and Environmental Medicine recommend that injured workers undergo a psychological assessment prior to surgical intervention of the spine. The clinical documentation submitted for review does not indicate that the injured worker has undergone a psychological assessment. Therefore, the requested Outpatient L5-S1 Anterior Instrumentation is not medically necessary and appropriate.

L5-S1 anterior lumbar interbody fusion and intervertebral device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: The American College of Occupational and Environmental Medicine recommend fusion surgery for patients who have imaging evidence consistent with significant instability. The clinical documentation submitted for review does not provide any evidence that the injured worker has any instability of the lumbar spine to support the need for a fusion surgery. Furthermore, the American College of Occupational and Environmental Medicine recommend that injured workers undergo a psychological assessment prior to surgical intervention of the spine. The clinical documentation submitted for review does not indicate that the injured worker has undergone a psychological assessment. Therefore, the requested L5-S1 Anterior Lumbar Interbody Fusion and Intervertebral Device is not medically necessary and appropriate.

One lumbar corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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.

Assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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.

EKG (Electrocardiogram): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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.