

Case Number:	CM14-0073610		
Date Assigned:	08/08/2014	Date of Injury:	12/14/2010
Decision Date:	09/12/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/20/2014

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 49-year-old male who reported an injury on 12/14/2010, after he was moving full buckets of metal. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, medications, activity modifications and therapeutic injections. The injured worker underwent an MRI of the lumbar spine on 03/22/2012. It was noted that there was a disc bulge at the L4-5, mildly impinging the right exiting L4 nerve root, and a 3 mm disc bulge at the L5-S1 mildly impinging the right exiting L5 nerve root. There was also mild to moderate facet arthropathy noted at the L2-3 to the L5-S1. The injured worker was evaluated on 04/23/2014. Physical findings included restricted range of motion secondary to pain. The injured worker had normal lower extremity motor strength and deep tendon reflexes. There was documentation noting that sensation was intact with light touch to the bilateral lower extremities. The injured worker had lumbosacral midline tenderness. Diagnosis included degenerative disc disease at the L5-S1 and the treatment plan included an anterior lumbar interbody fusion at the L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion with cage and instrumentation L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The requested anterior lumbar interbody fusion with cage and instrumentation at the L5-S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for the spine be supported by significant radicular symptoms correlative of pathology identified on an imaging study. The clinical documentation submitted for review does not provide significant clinical findings of radiculopathy in the L5-S1 distribution. The imaging study submitted for review does indicate that the injured worker has a disc bulge impinging on the exiting S1 nerve root. However, the clinical documentation fails to provide any evidence of instability to support the need for fusion surgery. Additionally, the American College of Occupational and Environmental Medicine Guidelines recommend psychological evaluation prior to spinal surgery. The clinical documentation submitted for review does not provide any evidence that the injured worker has undergone a psychological evaluation. As such, the requested anterior lumbar interbody fusion with cage and instrumentation at the L5-S1 is not medically necessary or appropriate.

Five day inpatient hospital stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Preoperative clearance with Richard Spelts (in MPN): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Updated lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Bone Growth stimulator, post-op: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

VacuTherm cold compression unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Cybertech back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Four point front-wheeled walker: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.