

Case Number:	CM14-0080602		
Date Assigned:	07/18/2014	Date of Injury:	01/06/2011
Decision Date:	08/18/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 California. 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:

This 51-year-old male sustained an industrial injury on 1/6/11. Injury occurred while removing a 14-foot ladder from a wall. The ladder fell on his right shoulder and neck, pushing him into storage racks, causing immediate low back pain. The patient underwent L3/4 and L4/5 laminectomy, transforaminal lumbar interbody fusion and posterior fusion L3-L5 on 4/30/13. A post-op hematoma/fluid collection extending from L3/4 to L4/5 was noted on 5/9/13 that caused severe compression of the thecal sac. The fluid was aspirated with resolution of lower extremity radicular complaints. Records indicated persistent pain with an onset of lower extremity weakness in September 2013. Conservative treatment included physical therapy, medications, lumbar epidural steroid injection, H-wave, and aquatic therapy. A bilateral L5/S1 transforaminal epidural steroid injection on 3/13/14 provided 75% relief for 2 days. The 4/30/14 treating physician progress report cited grade 7-9/10 axial low back pain and bilateral lower extremity radicular symptoms. There was increasing debility with episodes of weakness and occasional dragging of his feet. He had more dorsal foot numbness. The patient was using Norco, Valium, Lyrica, and ibuprofen. Objective findings documented no active motors to the right great toe. With heel walk, he had an incomplete or partial foot drop bilaterally. There was only trace weakness bilaterally with manual muscle testing. There was dense bilateral L5 hypesthesia. The treating physician reported progressive bilateral L5 neuropathy with increasing deficit one year status post lumbar surgery, on the basis of L5/S1 disc degeneration, segmental collapse, and L5 foraminal stenosis. The patient reported recent episodes of post void urinary dribbling and some insensate incontinence. An updated MRI was requested. Surgery was anticipated including L5/S1 anterior posterior interbody fusion with prosthesis, bone morphogenetic proteins, bone graft substitute and anterior plating. The 5/9/14 psychiatric AME report, relative to exam date 3/21/14, indicated the patient was extremely anxious and depressed. The diagnosis was Axis I:

major depressive disorder, anxiety disorder, and possible opioid dependence. The GAF score was 53. The AME opined the patient was in need of psychiatric treatment and medication. The patient was reported as confused as to events surrounding the 4/30/13 surgery. Additionally, medication assessment was recommended with reduction of narcotic medications and a trial of antidepressants. The 5/13/14 utilization review denied the request for L5/S1 anterior lumbar fusion based on failure to meet guideline criteria. An updated MRI was certified but findings are not reported. There were no flexion/extension films indicating instability at the requested level. There was significant psychological overlay. Psychological treatment and evaluation for the patient's surgical candidacy would be necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L-5/S1 Anterior Lumbar Fusion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-211.

Decision rationale: The ACOEM revised low back guidelines state that lumbar fusion is not recommended as a treatment for patients with radiculopathy from disc herniation or for patients with chronic lower back pain after lumbar discectomy. Lumbar fusion is not recommended as a treatment for spinal stenosis unless concomitant instability or deformity has been proven. The Official Disability Guidelines (ODG) state that spinal fusion is not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. Guideline criteria have not been met. There is no radiographic evidence of segmental instability. The 5/9/14 psychiatric AME report indicated the patient had significant psychological issues and recommended current psychiatric treatment and medication. There is no evidence that the patient has received psychological clearance for surgery. Therefore, this request for L5/S1 anterior lumbar fusion is not medically necessary.

2-3 Day Hospital Stay: Upheld

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

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 - Lumbar & Thoracic, Hospital length of stay (LOS).

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

Front Wheel Walker: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

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

Raised Toilet Seat: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable medical equipment (DME).

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

Cold Therapy Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 160-161.

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