

Case Number:	CM14-0082800		
Date Assigned:	07/21/2014	Date of Injury:	09/16/2011
Decision Date:	08/26/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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. 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 57-year-old female who reported an injury on 09/16/2011. The mechanism of injury involved repetitive activity. Current diagnoses include disc desiccation and degeneration of the lumbar spine, moderate facet arthropathy, and unstable spondylolisthesis at L5-S1. The surgical history includes cholecystectomy, cesarean section, and surgery for a broken leg. Current medications include Flexeril, Levoxyl, and OxyContin. The injured worker was evaluated on 04/29/2014 with complaints of persistent lower back pain rated 8/10. It is noted that the injured worker has undergone an MRI and x-rays of the lumbar spine; however, the imaging studies were not provided for this review. Previous conservative treatment includes physical therapy and chiropractic treatment. Physical examination on that date revealed severely restricted lumbar range of motion, tenderness to palpation over the facet joints at L3-S1, an antalgic gait, reduced motor strength in the left lower extremity, intact sensation, and normal deep tendon reflexes. Treatment recommendations at that time included a discectomy and fusion at L3-4, L4-5, and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal lumbar interbody fusion L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, low back- lumbar and thoracic.

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 electrophysiological evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, completion of physical medicine and manual therapy interventions, documented spinal instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, the injured worker has been previously treated with physical therapy and chiropractic treatment. The injured worker also currently utilizes opioid medication. Despite conservative treatment, the injured worker continues to report high levels of pain involving the lower back. However, there was no imaging studies provided for this review. The Official Disability Guidelines recommend a fusion for spine pathology that is limited to 2 levels. There is also 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 for Transforaminal lumbar interbody fusion L5-S1 is not medically necessary.

Posterolateral fusion L3-S1 with instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, low back- lumbar and thoracic.

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 electrophysiological evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, completion of physical medicine and manual therapy interventions, documented spinal instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, the injured worker has been previously treated with physical therapy and chiropractic treatment. The injured worker also currently utilizes opioid medication. Despite conservative treatment, the injured worker continues to report high levels of pain involving the lower back. However, there was no imaging studies provided for this review. The Official Disability Guidelines recommend a fusion for spine pathology that is limited to 2 levels. There is also 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 for Posterolateral fusion L3-S1 with instrumentation is not medically necessary.

3 days in-patient hospital stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, hospital length of stay guidelines.

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

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

Anterior lumbar interbody fusion through a lateral approach L3-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, low back- lumbar and thoracic.

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 electrophysiological evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, completion of physical medicine and manual therapy interventions, documented spinal instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, the injured worker has been previously treated with physical therapy and chiropractic treatment. The injured worker also currently utilizes opioid medication. Despite conservative treatment, the injured worker continues to report high levels of pain involving the lower back. However, there was no imaging studies provided for this review. The Official Disability Guidelines recommend a fusion for spine pathology that is limited to 2 levels. There is also 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 Anterior lumbar interbody fusion through a lateral approach L3-L5 is not medically necessary.