

Case Number:	CM14-0088864		
Date Assigned:	09/05/2014	Date of Injury:	11/21/2010
Decision Date:	10/09/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/12/2014

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 42-year-old who reported an injury on January 21, 2010, due to a slip and fall. The injured worker reportedly sustained an injury to his low back. The injured worker was conservatively treated with physical therapy, medications and injections. The injured worker underwent an MRI on July 24, 2014, that documented disc bulging at L4-5 and L5-S1. Individual psychiatric therapeutic note dated 07/01/2014, documented that the injured worker was suffering from significant anxiety and depression. The injured worker was evaluated on July 3, 2014. It was documented that the injured worker had recently had an overdose and suicide attempt. Physical findings included severe pain of the lumbosacral spine with tenderness to palpation and 4+ muscle spasming with a positive straight leg raising test. It was noted that there was decreased sensation in the bilateral lower extremities. The injured worker's diagnoses included severe low back pain. The injured worker was evaluated on July 8, 2014, by an orthopedic surgeon. It was documented that the injured worker had significant low back pain; however, was not considered a surgical candidate at this time. No Request for Authorization 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:

Posterolateral L4-L5 Lumbar Fusion with PEEK rods with no neutral decompression:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation 2012 on the web (www.odgtreatment.com); Work Loss data Institute (www.worklossdata.com) section on Low Back (updated 1-30/12)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: The requested posterolateral L4-5 lumbar fusion with PEEK rods and no neutral decompression is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery for patients who have instability. The clinical documentation submitted for review does not provide any evidence of instability. Additionally, although the injured worker has undergone extensive conservative treatment and has intractable back pain, the injured worker does not have a psychological evaluation that is indicating that they are a surgical candidate. The injured worker was evaluated by an orthopedic surgeon that documented the injured worker was not a surgical candidate at this time. As such, the request for posterolateral L4-5 lumbar fusion with PEEK cage and rods and no neutral decompression is not medically necessary or appropriate.

Posterolateral L5-S1 Lumbar Fusion with PEEK rods with no neutral decompression:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation 2012 on the web (www.odgtreatment.com); Work Loss data Institute (www.worklossdata.com) section on Low Back (updated 1-30/12)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: The American College of Occupational and Environmental Medicine recommend fusion surgery for patients who have instability. The clinical documentation submitted for review does not provide any evidence of instability. Additionally, although the injured worker has undergone extensive conservative treatment and has intractable back pain, the injured worker does not have a psychological evaluation that is indicating that they are a surgical candidate. The injured worker was evaluated by an orthopedic surgeon that documented the injured worker was not a surgical candidate at this time. As such, the requested posterolateral L5-S1 lumbar fusion with PEEK cage and rods and no neutral decompression is not medically necessary or appropriate.

Posterior segmental instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation 2012 on the web (www.odgtreatment.com); Work Loss data Institute (www.worklossdata.com) section on Low Back (updated 1-30/12)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: The requested posterior segmental instrumentation is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery for patients who have instability. The clinical documentation submitted for review does not provide any evidence of instability. Additionally, although the injured worker has undergone extensive conservative treatment and has intractable back pain, the injured worker does not have a psychological evaluation that is indicating that they are a surgical candidate. The injured worker was evaluated by an orthopedic surgeon that documented the injured worker was not a surgical candidate at this time. As such, the requested posterior segmental instrumentation is not medically necessary or appropriate.

Allograft, structural for spine surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation 2012 on the web (www.odgtreatment.com); Work Loss data Institute (www.worklossdata.com) section on Low Back (updated 1-30/12)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: The requested allograft structural for spine surgery is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery for patients who have instability. The clinical documentation submitted for review does not provide any evidence of instability. Additionally, although the injured worker has undergone extensive conservative treatment and has intractable back pain, the injured worker does not have a psychological evaluation that is indicating that they are a surgical candidate. The injured worker was evaluated by an orthopedic surgeon that documented the injured worker was not a surgical candidate at this time. As such, the requested allograft structural for spine surgery is not medically necessary or appropriate.

Autograft for spine surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation 2012 on the web (www.odgtreatment.com); Work Loss data Institute (www.worklossdata.com) section on Low Back (updated 1-30/12)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: The requested autograft for spine surgery is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend

fusion surgery for patients who have instability. The clinical documentation submitted for review does not provide any evidence of instability. Additionally, although the injured worker has undergone extensive conservative treatment and has intractable back pain, the injured worker does not have a psychological evaluation that is indicating that they are a surgical candidate. The injured worker was evaluated by an orthopedic surgeon that documented the injured worker was not a surgical candidate at this time. As such, the requested autograft for spine surgery is not medically necessary or appropriate.

Pre-operative evaluation to make sure no neural decompression is needed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation 2012 on the web (www.odgtreatment.com); Work Loss data Institute (www.worklossdata.com) section on Low Back (updated 1-30/12)

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.