

Case Number:	CM14-0089507		
Date Assigned:	07/23/2014	Date of Injury:	07/18/2012
Decision Date:	08/27/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 41 year old male who sustained an injury on 07/18/12. No specific mechanism of injury was noted. The injured worker is noted to have had a pre-injury lumbar procedure; however, no previous operative reports were available for review. Conservative treatment to date has included physical therapy, medication management, and multiple epidural steroid injections which had a reducing amount of benefit for the injured worker. The injured worker was able to tolerate work with restrictions; however, he had persistent complaints of pain in the low back radiating to the right lower extremity as well as numbness in the left buttocks. The MRI of the lumbar spine from 05/22/14 noted a 1.6cm area of increased signal within the left side of the L4 vertebral body most consistent with a vertebral body hemangioma. No loss of the vertebral body height was identified. There was no evidence of subluxation or significant disc space collapse. Mild spondylitic change at L4-5 and L5-S1 was noted. There was no evidence of canal or foraminal stenosis at L4-5. At L5-S1, there was a 5mm paracentral disc protrusion contacting the left S1 nerve root without evidence for canal or foraminal stenosis. The clinical report from 06/03/14 noted the injured worker had been compliant with weight loss. The injured worker continued to describe low back pain without radiating symptoms. Physical examination noted some limited range of motion in the lumbar spine with spasms and tenderness to palpation present. Straight leg raise signs were negative and there were no focal neurological findings. The requested decompressive lumbar laminectomy and lumbar fusion from L4 through S1 with a 2 day length of stay, lumbar corset upon discharge, and walker upon discharge were all denied by utilization review on 06/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompressive lumbar laminectomy and fusion at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back Chapter Laminectomy/laminotomy and Fusion (spinal).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: In review of the clinical documentation submitted, the injured worker had mild degenerative disc disease at L4-5 and at L5-S1 on imaging. There was no evidence for any neurological compromise, severe spondylolisthesis, motion segment instability, or disc space collapse. The injured worker does present with symptoms consistent with discogenic low back pain. The injured worker has not improved with recent conservative treatment; however, the clinical literature does not fully support lumbar decompression or fusion procedures to address discogenic low back pain only. In this case, guidelines would recommend a preoperative psychological consult to rule out any confounding issues that could possibly impact postoperative recovery. This was not available for review. Given the lack of any evidence for instability, severe spondylolisthesis, or any motion segment instability and as the injured worker has no preoperative psychological consult, this reviewer would not have recommended this request as medically appropriate and therefore the request is not medically necessary.

Length of in hospital stay two (2) days: 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 Chapter, Hospitalization.

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

Lumbar corset upon discharge: 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 Chapter, Back Brace, Post-operative.

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

Walker upon discharge: 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) Knee & Leg Chapter, Walkers.

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