

Case Number:	CM14-0095849		
Date Assigned:	08/08/2014	Date of Injury:	05/13/2010
Decision Date:	12/17/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/24/2014

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 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:

The injured worker is a 49-year-old female with a reported date of injury on 05/13/2010. The mechanism of injury was not stated. The current diagnoses include lumbar postlaminectomy syndrome, status post discectomy at L5-S1 on 09/20/2011, and nonindustrial myocardial infarction. The injured worker presented on 05/07/2014 with complaints of lower back pain with radiation into the bilateral lower extremities. Previous conservative treatment includes medication management, physical therapy, and lumbar epidural steroid injections. The injured worker is currently utilizing Norco 10/325 mg, MS Contin 15 mg, and amitriptyline 10 mg. Physical examination revealed minimal patellar reflexes, 2+ Achilles reflexes, decreased strength in the bilateral lower extremities, and diminished lumbar range of motion. Treatment recommendations included an L5-S1 fusion. A Request for Authorization form was then submitted on 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient L5-S1 fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: E. Spinal Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal)

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and 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, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. There were no official imaging studies provided for this review. There is also no documentation of a psychosocial screening prior to the request for a lumbar fusion. Therefore, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary.

Two (2) hour home health attendant: Upheld

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

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.