

Case Number:	CM13-0034819		
Date Assigned:	12/11/2013	Date of Injury:	08/06/2004
Decision Date:	05/01/2015	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/15/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Oregon, California

Certification(s)/Specialty: Neurological Surgery

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 59 year old who sustained an industrial injury on 08/06/2004. Diagnoses include lumbago, lumbar segmental instability/discopathy. Treatment to date has included medications, physical therapy, activity modifications, pain management, and injections. A physician progress note dated 08/22/2013 documents the injured worker has continued symptomatology in the lumbar spine with extension into the lower extremities. Examination revealed pain and tenderness right across the iliac crest into the lumbosacral spine. Standing flexion and extensions are guarded and restricted. She has generalized weakness in the lower extremities, left more pronounced than the right, with giving way in what appears to be possible foot drop as the injured worker drags her feet. X rays done 8/22/2013 showed segmental instability at the levels of L4-5, and L4-L5 and L5-S1 disc collapse has been noted. Treatment requested is for L4-S1 posterior lumbar interbody fusion with instrumentation, neural decompression, and iliac crest marrow aspiration/harvesting, possible junctional levels, with reduction of listhesis, durable medical equipment TLSO, durable medical equipment-Ice Unit, and durable medical equipment-3-1 Commode. On 09/24/2013 Utilization Review modified the request for a L4-S1 posterior lumbar interbody fusion with instrumentation, neural decompression, and iliac crest marrow aspiration/harvesting, possible junctional levels, with reduction of listhesis to L4-S1 posterior lumbar interbody fusion with instrumentation, neural decompression, and iliac crest marrow aspiration/harvesting, and cited was California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM), and Official Disability Guidelines. The request for the TLSO was

modified to a standard brace and cited was Official disability Guideline Treatment in Worker's Compensation. The request for an Ice unit was non-certified and cited was Official Disability Guidelines. The request for a 3-1 commode was non-certified and cited was Non MTUS Guidelines. Cited was Blue Cross of California Medical Policy Durable Medical Equipment CG-DME-10.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 Posterior Lumbar Interbody Fusion with Instrumentation, Neural Decompression, and Iliac Crest Marrow Aspiration/Harvesting, Possible Junctional Levels, With Reduction of Listhesis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

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 limitations for more than 1 month; clear clinical, imaging, and electrophysiologic 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, 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. In this case, the provider noted a failure of conservative treatment. However, there were no official imaging studies provided for review. There was no documentation of a psychological assessment prior to the request for a lumbar fusion. Given the above, the request is not medically appropriate.

Associated Surgical Services: Ice Unit: 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.

Associated Surgical Service: 3-in-1 Commode: 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.

Associated Surgical Service: TLSO - Back Brace: 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.