

Case Number:	CM13-0037005		
Date Assigned:	03/28/2014	Date of Injury:	01/18/2008
Decision Date:	03/27/2015	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/22/2013

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: New York

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 61 year old male who sustained an industrial injury on 01/18/2008. The mechanism of injury is not documented. The injured worker has had chronic back pain. The diagnoses have included lumbar degenerative disc disease at lumbar 4-5 and lumbar 5 - sacral 1, lumbar disc protrusion at lumbar 4 - 5 and lumbar 5 - sacral 1, lumbar radiculopathy at lumbar 4 - lumbar 5 and lumbar 5- sacral 1. Treatment to date has included physical therapy, chiropractic care, acupuncture, bracing, anti-inflammatory medications and epidural injections. MRI dated 04/16/2013 demonstrated very mild levoscoliosis at thoracic 10 - 11, lumbar 3 - lumbar 4, lumbar 4 - 5 and lumbar 5 - sacral 1, and degenerative disc disease with the most significant disease at the level of lumbar 5 - sacral 1. Currently the injured worker (IW) complains of low back pain radiating to her legs with weakness and tingling in lower extremities. Physical exam of the lumbar spine revealed paraspinal musculature tenderness, decreased range of motion and weakness as well as decreased sensation in the lower extremities consistent with the disc degeneration, protrusion and nerve root impingement shown on MRI. On 10/03/2013 utilization review non-certified the request for lumbar interbody fusion at lumbar 4-5 and lumbar 5 - sacral 1 levels, psychological screening pre-operatively, pre-op clearance, post op physical therapy and post lumbar brace noting MRI does not demonstrate any spondylolisthesis in the lumbar spine, nor is there instability of the spine demonstrated. The other requests were non-certified due to the surgical procedure not being medically necessary at this time. MTUS and ACOEM Guidelines were cited. On 10/22/2013 the injured worker submitted an application for IMR for review of the request for lumbar interbody fusion at lumbar 4 - 5 and lumbar 5 - sacral 1 levels,

psychological screening pre-operatively, pre-op clearance, post-op physical therapy and post lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar interbody fusion at L4-L5 and L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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

Decision rationale: California MTUS Guidelines state a spinal fusion would be indicated in lumbar trauma with fracture, dislocation and instability. The documentation for this worker does not disclose a spinal fracture, dislocation of instability. MTUS guidelines also note the absence of scientific evidence decompression and fusion is beneficial in the long term for patients with degenerative spondylosis in the absence of instability. Thus the requested treatment: posterior lumbar interbody fusion at L4-5 and L5-S1 levels is not medically necessary and appropriate.

Psychological screening pre-operatively: Upheld

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

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

Decision rationale: The California MTUS guidelines note that before surgery clinicians should consider referral for psychological screening to improve surgical outcomes. However since the requested treatment: Posterior lumbar interbody fusion at L4-5 and L5-S1 levels is not recommended then the requested psychological screening pre-operatively is not medically necessary and appropriate.

Pre-op clearance: 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.

Post-op physical therapy: 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.

Post-op lumbar brace:

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 requested treatment: Posterior lumbar interbody fusion at L4-5 and L5-S1 levels is not recommended then the requested post-op lumbar brace is not medically necessary and appropriate.