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| Case Number: | CM14-0185651 | | |
| Date Assigned: | 11/13/2014 | Date of Injury: | 08/06/2007 |
| Decision Date: | 01/06/2015 | UR Denial Date: | 10/08/2014 |
| Priority: | Standard | Application Received: | 11/07/2014 |

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 Surgeon 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 67-year-old female who reported an injury on 08/06/2007. The mechanism of injury involved a motor vehicle accident. The current diagnoses include lumbar spinal stenosis, cervical pain, lumbar degenerative disc disease, low back pain, cervical osteoarthritis, cervical degenerative disc disease, acquired spondylolisthesis and sciatica. The injured worker was evaluated on 09/19/2014. Previous conservative treatment is noted to include chiropractic therapy, acupuncture, epidural steroid injection, facet injection, facet radiofrequency ablation, medication management and TENS therapy. The injured worker presented with complaints of persistent lower back pain with radiation into the bilateral lower extremities. The current medication regimen includes Norco, Gabapentin, Soma, OxyContin, Amitriptyline and Ambien. Physical examination revealed a severely antalgic gait, 75% of normal lumbar range of motion, 5/5 motor strength in the bilateral lower extremities, positive straight leg raise bilaterally, positive Lasegue's test bilaterally and decreased sensation at the bilateral L4 and L5 dermatomes. X-rays obtained in the office revealed L4-5 degenerative spondylolisthesis, L3-4 retrolisthesis and L5-S1 degeneration without instability. Treatment recommendations at that time included L3-5 pedicle screw instrumentation with posterolateral fusion. There was no Request for Authorization form submitted for this review. It is noted that the injured worker underwent an MRI of the lumbar spine on 06/06/2014, which revealed degenerative changes of the lumbar spine resulting in multilevel central and neural foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-S1, Laminectomy, NF, L3-L5 Pedicle Instrumentation Fusion Posterior Lateral Fusion, Autogenous Iliac Crest, Possible Interbody Fusion Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The 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 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 flexion and extension view radiographs, spine pathology that is limited to 2 levels and a psychosocial screening." As per the documentation submitted, the injured worker has exhausted conservative treatment. However, there is no documentation of a psychosocial screening prior to the request for a lumbar fusion. Additionally, the Official Disability Guidelines recommend a spinal fusion for spine pathology that is limited to 2 levels. The request for a fusion at L3-4, L4-5 and L5-S1 exceeds guideline recommendations. Based on the clinical information received, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary.

One Inpatient Stay: 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.