

Case Number:	CM14-0186623		
Date Assigned:	11/14/2014	Date of Injury:	05/01/2013
Decision Date:	01/05/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/10/2014

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 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 48-year-old male with work related injury dated 05/2013, which resulted in severe pain in the back. Per the documentation, the pain has gotten progressively worse since the initial injury. Treatment has included medication management for pain control, physical therapy, chiropractic care, and injections. Documentation by the evaluating orthopedic physician on 09/24/2014 revealed musculoskeletal weakness of 3 on a scale of 5 with bilateral knee extension and dorsiflexion weakness of 4 bilaterally. The worker is able to ambulate without assistance. X-rays of the lumbar spine revealed some facet arthropathy. The review of the MRI of the spine from 04/09/2014 revealed likely underlying congenital spinal stenosis with short pedicle syndrome; superimposed degenerative disc disease; and disc herniation which has resulted in severe central spinal stenosis and cauda equine impingement of the L3-4 and L4-5. There was also significant subarticular recess stenosis as well as mild scoliosis and what appears to be some instability. Diagnoses at this visit included lumbar strain, lumbar radiculitis, shoulder strain, and cervical strain. In the utilization report dated 10/02/2014, the provider requested an L3-5 transforaminal lumbar interbody fusion, PSF and PSI, a 2 day hospital stay, physical therapy, and a lumbar brace purchase. The provider's rationale and the Request for Authorization form were not included in the documentation for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery:L3-L5 TLIF, PSF/PSI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Spinal Fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion.

Decision rationale: The guidelines note that, except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. The Official Disability Guidelines (ODG) further state that a spinal fusion is not recommended for patients who have less than 6 months of failed recommended conservative care, unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. However, it recommends it as an option for spinal fracture, dislocation, spondylolisthesis, or frank neurogenic compromise. The clinical documentation submitted for review lacked evidence of prior therapies the patient underwent and the efficacy of those therapies. There is no evidence of severe disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies or accompanying objective signs of neural compromise noted. There is a lack of evidence of failure to respond to conservative treatment to resolve disabling radicular symptoms. Additionally, there is no mention of any activity limitations or any leg pain for more than 1 month or extreme progression of lower leg symptoms. As such, this request is not medically necessary.

Associated surgery services: Physical therapy 3 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

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

Associated surgery services: External bone growth stimulator: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion

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

Associated surgery services: Lumbar brace purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion

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

Associated surgery services: 2 Day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers' Compensation (TWC), Length of Stay

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Fusion

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