

Case Number:	CM14-0188913		
Date Assigned:	11/19/2014	Date of Injury:	08/25/2000
Decision Date:	01/13/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/12/2014

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 Surgeon, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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:

This is a 51 year old female who suffered an industrial related injury on 8/25/00. A physician's report dated 8/20/14 noted the injured worker had complaints of upper back pain, lower back pain, and bilateral leg pain, bilateral hand pain, left hip pain, bilateral foot pain, and muscle spasms. The injured worker was using breathing/relaxation techniques, home exercise, ice, heat, and a TENS unit for pain relief. Diagnoses included temporomandibular joint disorder, spondylosis, disc degeneration, depression, anxiety, post lumbar laminect syndrome, lumbar disc disorder, sciatica, and low back pain. A physician's report dated 10/14/14 noted a significant thoracolumbar sclerotic rotatory curvature that had developed over the previous 5 years. X-rays were noted to show scoliosis with 8cm of sagittal imbalance with 50 degrees of thoracolumbar rotatory scoliosis with the apex at T 12. The treating physician recommended surgery at that time. The UR physician noted prior treatment included physical therapy, acupuncture, and medications with no improvement. Three epidural steroid injections were administered which helped for a short period of time. The request for authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion (ALIF) L4/5, L5/S1 direct lateral interbody fusion L3-4, L2-3, L1-2, T12-L1 and T4 to iliac screw fixation with 5 day length of stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back (updated 08/22/14) Fusion (Spinal).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Surgical Treatment for Scoliosis-Ortho Info - AAOS. (2011, March 1) <http://orthoinfo.aaos.org/topic.cfm?topic=A00638>.

Decision rationale: The request for anterior lumbar interbody fusion at L4-5, L5-S1 with direct lateral interbody fusion L3-4, L2-3, L1-2, T12-L1 and a T4 to iliac screw fixation with 5 day length of stay is not medically necessary. The California MTUS and the Official Disability Guidelines do not specifically address spinal fusions for scoliosis and secondary criteria were sought. In the American Academy of Orthopaedic Surgeons it is stated that through scoliosis surgery a fusion surgery is completed beyond the standard 2 level fusion surgery that is recommended by the Official Disability Guidelines and CA MTUS. It is also stated that most scoliosis cases with 50 degrees or higher will need surgery to lessen the curve and prevent a progressive decline. It is also noted that the typical length of hospital stay is between 4 to 10 days. The injured worker presented, in the medical records, with having a 50 degree curvature in the spine. However, there was lack of official diagnostic studies to show the advanced scoliosis and establish the medical necessity of the surgical procedure. While the requested hospital length of stay and the surgery being requested appear to be medically necessary, the lack of official diagnostic studies to establish the severity of the scoliosis prevents the documentation from establishing the medical necessity of the procedure. Therefore, without further documentation to address the aforementioned deficiencies outlined in the review, the request at this time is not supported by current criteria. As such, the request is not medically necessary.