MAXIMUS Federal Services

Case Number:	CM14-0189291		
Date Assigned:	11/21/2014	Date of Injury:	08/03/2010
Decision Date:	01/20/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/13/2014

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 Surgery and is licensed to practice in Minnesota. 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 45-year-old male who reported an injury on 08/03/2010. The mechanism of injury involved heavy lifting. The current diagnoses include status post L5-S1 endoscopic discectomy and L5-S1 disc herniation with chronic radiating left leg pain. The injured worker presented on 09/04/2014 with complaints of chronic lower back pain. The current medication regimen includes Norco 10/325 mg. Previous conservative treatment is noted to include epidural steroid injection, physical therapy, and medication management. Physical examination revealed weakness in the extensor hallucis longus, tibialis anterior and gastroc soleus; and a positive straight leg raise bilaterally. Treatment recommendations included an L5-S1 instrumentation and fusion. A Request for Authorization form was then submitted on 09/08/2014. It is noted that the injured worker underwent flexion/extension lumbar spine x-rays on 08/07/2014, which revealed no evidence of instability. The injured worker also underwent an MRI of the lumbar spine on 02/28/2013, which revealed evidence of degeneration and desiccation of the intervertebral disc space with a 3 mm disc protrusion, suggesting a possible radial tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Lumbar Interbody Fusion L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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 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 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. While it is noted that the injured worker has exhausted conservative treatment, there was no documentation of spinal instability upon flexion and extension view radiographs. There is no mention of a psychological screening completed prior to the request for a lumbar fusion. Based on the clinical information received, the request is not medically necessary.

Application of prosthetic device: 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.

Application of Anterior Instrumentation: 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.

Allograft morselized, or placement of osteopromotive material, for spine surgery: 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.