

Case Number:	CM14-0193531		
Date Assigned:	12/01/2014	Date of Injury:	07/17/2013
Decision Date:	01/13/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/19/2014

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:

The injured worker is a 35-year-old male who reported an injury on 07/17/2013 due to an unspecified mechanism of injury. He was noted to be status post right lumbar discectomy at the L5-S1 on 10/25/2013. On 06/05/2014, he underwent an MRI of the lumbar spine which showed enhancing epidural fibrosis on the right at the L5-S1 level surrounding the right S1 nerve root and no residual disc herniation or protrusion appreciated and there was only minimal residual posterior annular disc bulging demonstrated at the L5-S1 level. On 10/23/2014, he presented for a followup evaluation with a complaint of low back pain. He stated that the pain in his back had not improved since his surgery and with appropriate conservative treatment and he was ready to proceed with a spinal fusion that was recommended. His medications were listed as Soma, Etodolac, Hydrocodone/Acetaminophen, Omeprazole, and Tramadol. He was diagnosed with painful degenerative disc syndrome of the L5-S1. Information regarding the injured worker's physical examination findings was not provided for review. The treatment plan was for a lumbar interbody fusion at the L5-S1 with spacer, allograft, and plating followed by a posterior fusion at the L5-S1 with interspinous fixation; an inpatient stay of 3 days; and a thoracolumbosacral orthosis TLSO brace. The Request for Authorization form was signed on 10/30/2014. The rationale for treatment was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar interbody fusion at L5-S1 with spacer, allograft and plating followed by posterior fusion at L5-S1 with interspinous fixation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back, 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 CAMTUS/ACOEM Guidelines state that those with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusions. The Official Disability Guidelines recommend spinal fusions after at least 6 months of symptoms and conservative care. There should be evidence that the injured worker had undergone a psychosocial screen and evidence of instability on imaging studies. There is a lack of documentation showing that the injured worker had instability on imaging studies, or that he had undergone a psychological screen deeming him appropriate for a spinal fusion. There is also a lack of documentation showing that he had been experiencing these symptoms for at least 6 months and had undergone recommended conservative treatment, such as physical therapy, to support the request for a surgical intervention. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request for Lumbar interbody fusion at L5-S1 with spacer, allograft and plating followed by posterior fusion at L5-S1 with interspinous fixation is not medically necessary.

Associated surgical service: Inpatient Stay 3 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back, Fusion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Hospital length of stay.

Decision rationale: The Official Disability Guidelines recommend an average of 3 days inpatient stay following a lumbar posterior fusion. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Thoracolumbosacral orthosis (TLSO) Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Low Back, Fusion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Lumbar Supports.

Decision rationale: The Official Disability Guidelines recommend lumbar supports for treatment, but not for prevention. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.