

Case Number:	CM14-0195812		
Date Assigned:	12/04/2014	Date of Injury:	06/04/2012
Decision Date:	01/15/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/24/2014

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 spinal surgeon and is licensed to practice in New York. 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 a reported industrial injury on June 4, 2012 caused by a refrigerator landed on top of him, he complains of low back pain. He has had physical therapy and spinal injections without giving him long term relief per the visit notes on November 5, 2014. The injured worker takes Norco for the pain; he describes the pain in the midline lumbosacral junction as radiation down the left and right leg with the left greater than the right. The left radiates down to the knee and sometimes down to the foot on the right it also radiates into the foot and sometimes the right foot swelling, tingling and numbness which is also on left and worse than the right. The physical exam on November 5, 2014 reveals the injured worker has difficulty with toe walking and heel walking. Diagnostic testing is noted as lumbar X-ray and Magnetic resonance imaging (MRI) revealing L5-S1 showed severe disc degeneration with broad based disc protrusion resulting in bilateral neuroforaminal stenosis. At L4-5, L3-4 and L2-3 levels there is also mild disc bulging or protrusion. On the standing X-rays the L4-5 level also shows mild posterior listhesis. The diagnoses are L5-S1 severe disc degeneration with bilateral neuroforaminal stenosis secondary to narrowing of the neural foramen and protrusion of the disc resulting in the lumbar radiculopathy, L4-5 mild disc bulge or protrusion with mild retrospondylolisthesis and L2-3 and L3-4 mild disc bulge or protrusion. The treatment plan is to consider a posterior decompression and fusion of the instrumentation of L5-S1. On November 11, 2014 a request from the provider was made for posterior decompression & fusion L5-S1 with instrumentation, pre-op laboratories, CBC, CMET, PT, PTT, UA, Chest X-ray and EKG and 2 day in-patient stay. The Utilization Review non-certified the requests on November 14, 2014, the non-certification was based on American College of Occupational and Environmental Medicine (ACOEM) guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Decompression & Fusion L5-S1 with instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence; MTUS low back pain chapter

Decision rationale: This patient does not meet established criteria for lumbar decompression fusion. Specifically is no documentation of abnormal instability at any lumbar level. The medical records do not contain flexion-extension views showing greater than 5 mm of motion at any lumbar level. There were no red flag indicators for spinal fusion surgery such as fracture tumor or progressive neurologic deficit. Also, there is no clear correlation between MRI imaging studies showing specific compression of nerve roots and physical examination shows specific radiculopathy. Lumbar decompression and fusion surgery not medically necessary.

Associated Surgical Services- Pre-Op Labs (CBC, CMET, PT, PTT, UA, chest X-Ray and EKG): 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) Low Back -Lumbar & Thoracic

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.

Associated Surgical Services- 2 day in-patient 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) Low Back; Lumbar & Thoracic

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.