

Case Number:	CM14-0198446		
Date Assigned:	12/08/2014	Date of Injury:	10/15/2013
Decision Date:	01/21/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 Spine Surgery, 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 44-year-old female who reported an injury on 10/15/2013. The mechanism of injury was due to strapping a cart into her van and feeling pain in the low back. The injured worker has diagnoses of lumbar disc displacement and stenosis of the lumbar spine. Past medical treatment consists of epidural steroid injections, physical therapy, medication therapy, and acupuncture. Medications consist of hydrocodone and Flexeril. On 11/14/2013, the injured worker underwent an MRI of the lumbar spine, which revealed discogenic disease of the lumbar spine at the L4-5 and L5-S1 levels. There was a disc protrusion at the L4-5, which was abutting the right L5 nerve root within the lateral recess. It was also noted that, at the L5-S1 level, there were both right and left disc protrusions which were abutting both the right and left S1 nerve roots. On 11/03/2014, the injured worker complained of pain of the right leg that was constant. She also reported low back pain. The physical examination of the back revealed normal contour, positive tenderness at the right sciatic notch, lateral bending was 10 degrees to 20 degrees with pain, and extension was 10 degrees to 20 degrees with mild pain. On forward flexion, the injured worker was able to reach knees. Motor strength was 5/5 bilaterally except right EHL, TA, 4-/5, and right quadriceps, IP 5-/5. Sensation to light touch and pinprick was intact. There was a positive straight leg raise in the seated position. The medical treatment plan is for the injured worker to undergo anterior lumbar interbody fusion, laminectomy, and posterior spinal fusion at L4-S1. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion, laminectomy, and posterior spinal fusion L4-S1 (including assistant surgeon and assistant physician assistant, and medical clearance):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 3rd Edition 2011 page 720 Volume 2

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

Decision rationale: The request for anterior lumbar interbody fusion, laminectomy, and posterior spinal fusion L4-S1 (including assistant surgeon and assistant physician assistant, and medical clearance) is not medically necessary. The California MTUS/ACOEM Guidelines state that, except in cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. Criteria for surgical consideration are as follows: severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; and/or failure of conservative treatment to resolve disabling radicular symptoms. If surgery is a consideration, counseling regarding likely outcomes, risks, and benefits, especially expectations, is very important. Patients with acute low back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. The submitted documentation dated 11/03/2014 indicated that the patient had complaints of the right leg. However, there were no numeric pain levels documented on the report using VAS. It was noted in the report that the injured worker had failed physical therapy and acupuncture. However, there was no documented evidence indicating that the injured worker had activity limitations, nor were there objective signs of neural compromise. Furthermore, there was no rationale submitted by the provider to warrant the request for surgery. Given the above, the injured worker is not within the California MTUS/ACOEM recommended guideline criteria. As such, the request is not medically necessary.

Postoperative LSO brace: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Postoperative motorized cold therapy unit for two weeks: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Postoperative bone growth stimulator: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Postoperative home nursing/dressing changes for two weeks: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Postoperative home physical therapy three times a week for two weeks: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Postoperative outpatient physical therapy twice a week for six weeks: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.