MAXIMUS Federal Services

Case Number:	CM14-0200810		
Date Assigned:	12/11/2014	Date of Injury:	07/01/1997
Decision Date:	01/30/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/01/2014

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, has a subspecialty in Spine Surgery and is licensed to practice in Texas. 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 47-year-old female who reported an injury on 07/01/1997. The mechanism of injury was not submitted for review. It was noted that in 09/2013, the injured worker had a fall down some stairs. The injured worker has a diagnosis of cervical disc displacement. Other treatment consists of traction, ultrasound, E-Stim, physical therapy, injections, psychological evaluation, and medication therapy. On 01/06/2014, the injured worker underwent an MRI of the lumbar spine without contrast, which revealed early discogenic disease at L5-S1 with a central to right posterior lateral protrusion measuring 3 mm; and a fissure was present in the outer annulus. There was only minimal effacement of the dural sac. There was left intraforaminal protrusion at L3-4, but the L3 nerve root was normal. There was no evidence of a fracture. On 10/17/2014, the provider stated that the injured worker had persistent symptoms and has failed all conservative avenues. The provider also stated that the injured worker was clearly disabled as a result of primarily mechanical low back pain symptoms. There were no physical findings submitted for review in the report. Medical treatment plan is for the injured worker to undergo anterior lumbar interbody fusion at L5-S1 with PEEK and BMP with 2 day inpatient stay. The rationale was not submitted for review. The Request for Authorization form was submitted on 10/08/2014.

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 with PEEK and BMP with 2-Day Inpatient 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)

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

Decision rationale: The California MTUS/ACOEM Guidelines state for surgical consideration there should be evidence of severe and disabling lower leg symptoms in a distribution consistent with abnormalities on admission studies, 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 with surgical repair, and/or failure of conservative treatment to resolve disabling radicular symptoms. Once criteria has been met, it is also indicated that patients undergo psychological screening. The submitted documentation indicated that the injured worker had pain in the lower back. It was also documented that the injured worker was disabled as a result of primary mechanical low back pain symptoms. However, there were no physical examination findings submitted for review. There was also no indication of the injured worker having undergone any type of special testing showing activity limitations. An MRI of the lumbar spine obtained on 01/06/2014, indicated early discogenic disease, a left intraforaminal protrusion at L3-4 with L3 nerve root normal. The distal spinal cord was normal, and there was no evidence of fracture. Guidelines state that spinal fusion may be obtained when there are cases of trauma related to spinal fracture or dislocation. There was no such diagnosis submitted in the report. Given the above, the injured worker is not within the California MTUS/ACOEM recommended guideline criteria. As such, the request is not medically necessary.

Vascular Surgeon: 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.

Pre-Op Medical Clearance: 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.