

Case Number:	CM14-0203032		
Date Assigned:	12/15/2014	Date of Injury:	06/26/2010
Decision Date:	02/04/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/04/2014

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 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 patient is a 57 year old male who sustained multiple work related injuries to his lower back and left shoulder when struck by a motor vehicle while employed as a fireman on June 26, 2010. He is currently evaluated for surgical intervention to his lower back due to increasing weakness and numbness of the lower extremities despite conservative measures and medication. Latest magnetic resonance imaging from February 19, 2013 showed posterior annular tears of intervertebral discs L4-4, L5-S1 with small developing posterior central disc bulges without evidence for central spinal stenosis or exiting nerve root compression. The latest epidural steroid injection was noted in May 2014 without benefit of relief. The injured worker continues on pain control with narcotics and anti-inflammatory medications. The injured worker has worked very little since the injury occurred. The treating physician has requested authorization for Lumbar4-S1 Transforaminal lumbar Interbody Fusion, PSF/PSI, Assistant surgeon, 2 day inpatient stay; physical therapy three times a week for six weeks, lumbar brace purchase, external bone growth stimulator purchase and one box island bandage purchase. The injured worker is a 57-year-old male who reported injury on 06/26/2010. The mechanism of injury was due to being struck by a motor vehicle while employed as a fireman. The injured worker has diagnoses of stenosis, lumbar herniated nucleus pulposus, instability, facet hypertrophy, and radiculopathy. Past medical treatment consists of EST's, therapy and medication therapy. Medications consisted of ibuprofen, hydrocodone/acetaminophen, Skelaxin, Butrans, and Zolpidem. On 02/19/2013, the injured worker underwent an MRI of the lumbar spine without contrast which revealed posterior annular tears intervertebral disc L4-5, L5-S1 associated with small developing posterior central disc bulges without evidence for central spinal stenosis or mass effect on central exiting nerve roots at the time. On 07/23/2014, progress note indicated that the injured worker's epidural steroid injection given 05/2014, did not work. He rated his pain at 8/10. On 11/06/2014, it was

documented that the injured worker continued to have worsening symptoms with tenderness and numbness. Medical treatment plan was for the injured worker to undergo transforaminal lumbar interbody fusion, posterior spinal fusion at L4-S1. A 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:

L4-S1 Transforaminal Lumbar Interbody Fusion, Posterior Spinal Fusion (PSF)/ (PSI): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low back

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

Decision rationale: The request for L4-S1 Transforaminal Lumbar Interbody Fusion, Posterior Spinal Fusion (PSF)/ (PSI) is not medically necessary. The California MTUS/ACOEM Guidelines do not recommend spinal fusion 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. Surgical consideration consists of severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging 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 in both short and long term of surgical repair, and/or failure of conservative treatments to resolve disabling radicular symptoms. Additionally, guidelines state for surgery consideration there should be psychological screening. Submitted documentation lacked any indication of the injured worker having any severe or disabling lower leg symptoms. Progress notes dated 07/23/2014, 08/06/2014, and 11/06/2014 lacked any evidence of physical examination of the injured worker's lumbar spine. There was mention of the injured worker having undergone injection in 05/2014 that did not help with any pain. However, there were no pain ranges submitted for review pertaining to the injured worker's lumbar spine. An MRI obtained on 02/19/2013 revealed posterior annular tears of intervertebral discs L4-5, L5-S1 with small developing posterior central disc bulges without evidence of central spinal stenosis or existing nerve root compression. There was no mention of activity limitations due to radiating leg pain, there was no mention of the injured worker having trialed and failed conservative treatment to include physical therapy. Additionally, there was no indication or evidence of the injured worker having any spinal fracture or dislocation. Given the above, the injured worker is not within the California MTUS/ACOEM Guideline criteria. As such, the request is not medically necessary.

Physical therapy x18 visits: 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.

Lumbar brace- Purchase: 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.

Assistant 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Two days IP stay: 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.

External bone growth stimulator purchase: 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.

One box island bandage purchase: 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.