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| Case Number: | CM14-0207493 | | |
| Date Assigned: | 12/19/2014 | Date of Injury: | 10/01/1969 |
| Decision Date: | 02/25/2015 | UR Denial Date: | 11/25/2014 |
| Priority: | Standard | Application Received: | 12/10/2014 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 69-year-old male who reported an injury on 10/01/1969 due to an unspecified mechanism of injury. On 07/28/2014, he underwent a CT of the lumbar spine which showed moderate multilevel degenerative disc disease with broad based disc bulges exerting mild to moderate bilateral neural foraminal stenosis, mild dextroscoliosis, left renal cyst, and nonobstructing left renal calculus. He also underwent an x-ray of the lumbar spine that showed multilevel degenerative disc disease. On 11/19/2014, he presented for a followup evaluation. It was stated that he had undergone epidural steroid injections that did not provide lasting improvement. He described back pain that was worse on getting up in the morning and limiting activities of daily living with radiation into the left thigh. A physical examination showed that he was unguarded and standing easily assuming an erect posture. Strength was 5/5 throughout and the knee reflexes were 2/4 and symmetric. There was decreased sensation to pinprick over the anterior left thigh. He was diagnosed with spinal stenosis of the lumbar region with neurogenic claudication, degeneration of the lumbar or lumbosacral intervertebral discs, and kyphosis and scoliosis. The treatment plan was for the injured worker to undergo a lumbar interbody fusion at the L3-4. Documentation regarding surgical history and medications was not provided for review. The Request for Authorization form was signed on 11/20/2014. The rationale for the request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Interbody Fusion @ L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fusion

Decision rationale: The CAMTUS/ACOEM Guidelines state that except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. The Official Disability Guidelines also recommend fusion when there is evidence of instability. Additionally, the injured worker should have completed all recommended conservative care and should have undergone a psychological evaluation. Based on the clinical information submitted for review, the injured worker had reported decreased sensation on physical examination over the anterior thigh and had CT scan findings of degenerative disc disease and neural foraminal stenosis. However, there is a lack of documentation showing that the injured worker has undergone all recommended conservative treatments, such as physical therapy, to support the request. There is also no evidence on imaging studies of instability and there is no documentation showing that he has undergone a psychological evaluation. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

Facility-In Patient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 a 3 day stay following a fusion. As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.