

Case Number:	CM14-0209375		
Date Assigned:	12/22/2014	Date of Injury:	05/02/2014
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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 53-year-old female who reported an injury on 05/02/2014. The mechanism of injury was not provided. On 10/27/2014, the injured worker presented with constant low back pain. Upon examination, the injured worker had difficulty getting up from a seated position and she had tenderness noted over the L4-5 with positive straight leg raise on the left. She had decreased range of motion due to pain. There were no motor or sensory deficits noted. Reflexes were symmetric. An unofficial MRI scan and x-ray on review revealed grade 1 spondylosis at the L4-5 level; moderate to severe facet atrophy at the L4-5 level with moderate recess stenosis. The diagnoses were L4-5 spondylolisthesis, facet arthropathy, instability, and lumbar radiculopathy. The injured worker has continued to use a brace and has activity modifications. The injured worker has also been treated with diclofenac. The provider recommended spinal anterior cervical discectomy and fusion at L4-5 to be done through a small retroperitoneal approach over the lumbar spine. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal anterior discectomy and fusion L4-L5, to be done through a small retroperitoneal approach, lumbar spine: Upheld

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

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

Decision rationale: The request for spinal anterior discectomy and fusion L4-L5, to be done through a small retroperitoneal approach, lumbar spine is not medically necessary. The 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 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 long term effectiveness of any form of surgical decompression and fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. There is a lack of documentation that the injured worker has tried and failed an adequate course of conservative treatment to include physical therapy, medications, and home exercise. Additionally, there is no information on if the injured worker has tried and failed injections. There is no nerve compression on the MRI, and only mild bilateral foraminal stenosis noted. There is no evidence of a previous psychological screening, and no documentation as to whether or not the injured worker is a smoker. As such, medical necessity has not been established.

Vascular surgeon and 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.

Inpatient hospital stay for three days: 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.

Spinal cord monitoring: 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.

History and physical: 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.

Pre-operative laboratory tests, including CBC with diff, CMP, PT, PTT, UA, MRSA, UA, EKG, and chest x-ray: 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.

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