MAXIMUS Federal Services

Case Number:	CM15-0004592		
Date Assigned:	01/15/2015	Date of Injury:	06/21/2012
Decision Date:	03/20/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/09/2015

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 30-year-old female who reported an injury on 06/21/2012 due to cumulative trauma while performing normal job duties which reportedly caused injury to her low back. The injured worker's treatment history included multiple medications, physical therapy, chiropractic care, acupuncture, sacroiliac joint injections, and activity modifications. The injured worker underwent a psychological assessment on 11/03/2014 that documented the injured worker suffered from significant depression. It was determined that the injured worker should undergo cognitive behavioral therapy and biofeedback therapy. The injured worker was evaluated on 09/15/2014. It was documented that the injured worker had 30% improvement with medications. The physical findings included restricted range of motion of the lumbar and cervical spines with muscle spasming of the paravertebral musculature and a positive left sided straight leg raising test. It was documented that the injured worker had weakness on toe walking and decreased sensation in the L5-S1 dermatomal distribution bilaterally. The injured worker's diagnoses included lumbar discopathy L4-S1, thoracic myofascial strain, radiculopathy of the right lower extremity, and depression. A request was made for L4-S2 decompression and fusion. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S2 Decompression Instrumented Fusion and Bone Graft: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation ODG (Low Back Chapter); AMA Guides (Radiculopathy, Instability). http://www.ncbi.nlm.nlh.gov/pubmed/6635793 L4-S1 DECOMPRESSION INSTRUMENTED FUSION AND BONE GRAFT.

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

Decision rationale: The requested L4-S2 decompression and instrumented fusion and bone graft are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend fusion for injured workers with significant instability that have failed to respond to conservative treatment and have radicular symptoms interfering with the injured worker's ability to function. The clinical documentation submitted for review does not provide an imaging study to support that the injured worker has significant instability of the lumbar spine. The injured worker's most recent clinical evaluation submitted for review dated 09/15/2014 does indicate that the injured worker has radiculopathy in the L4-S1 distribution. However, there is no indication of previous surgical interventions prior to the request for fusion. Furthermore, the American College of Occupational and Environmental Medicine recommend a psychological evaluation prior to a fusion surgery. The clinical documentation submitted for review does indicate that the injured worker is participating in cognitive behavioral therapy for depressive symptoms. There is no indication that the injured worker is a surgical candidate from a psychological perspective for a multilevel fusion. As such, the requested L4-S1 decompression and instrumented fusion and bone graft are not medically necessary or appropriate.

Associated Surgical Service: Inpatient 2-3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG hospital length of stay (LOS) guidelines: Lumbar Spine

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.