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| Case Number: | CM15-0133370 | | |
| Date Assigned: | 07/22/2015 | Date of Injury: | 12/28/2009 |
| Decision Date: | 08/25/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 07/09/2015 |

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50-year-old male who sustained an industrial injury on 12/28/2009 resulting in radiating low back pain. He is diagnosed with chronic low back pain, status post lumbar interbody fusion L5-S1, lumbar degenerative disc disease, history of depression, and scoliosis. Treatment has included laminectomy; lumbar spine fusion L5-S1 with temporary relief of symptoms; trigger point injections; physical therapy; home exercise; rest; and, medication. The injured worker continues to present with right-sided radiating low back pain and lower extremity weakness. The treating physician's plan of care includes preoperative psychological testing for pre-operative clearance; and, a second opinion for prospective L4-5 anterior interbody fusion and right L5 foraminotomy surgery. He is temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Clearance in Prep of Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The injured worker sustained a work related injury on 12/28/2009. The medical records provided indicate the diagnosis of chronic low back pain, status post lumbar interbody fusion L5-S1, lumbar degenerative disc disease, history of depression, and scoliosis. Treatment has included laminectomy; lumbar spine fusion L5-S1 with temporary relief of symptoms; trigger point injections; physical therapy; home exercise; rest; and, medication. The medical records provided for review do not indicate a medical necessity for psychological Clearance in Prep of Surgery. Although the MTUS recommends referral for psychological screening to improve surgical outcomes prior to surgical referral, it has not been determined the injured worker is a surgical candidate.

Second Opinion for Surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, page 127.

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

Decision rationale: The injured worker sustained a work related injury on 12/28/2009. The medical records provided indicate the diagnosis of chronic low back pain, status post lumbar interbody fusion L5-S1, lumbar degenerative disc disease, history of depression, and scoliosis. Treatment has included laminectomy; lumbar spine fusion L5-S1 with temporary relief of symptoms; trigger point injections; physical therapy; home exercise; rest; and, medication. The medical records provided for review do indicate a medical necessity for Second Opinion for Surgery. The medical records indicate the injured worker had a previous back surgery; however, the worker has continued to suffer from low back pain and weakness of the right lower limb, but no bladder or fecal incontinence, imaging reports of the spine are suggestive of joint instability. The injured worker is being considered for L5 Foraminotomy, and anterior Lumbar interbody fusion at L4-L5. There is a lot of controversy regarding spinal surgery; the MTUS states that there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Additionally, the MTUS states that lumbar fusion in patients with other types of low back pain very seldom cures the patient. Also for spinal stenosis, the MTUS recommends that the decision to proceed with surgery should not be based solely on the results of imaging studies. It should be noted this request is for a second opinion for surgery, it is not a request for surgery. Therefore, due to the complexity of this case it is medically necessary and appropriate for a second opinion for surgery: the injured worker has chronic back pain despite previous surgery, the injured worker has lower limb weakness, the imaging report shows instability in the joints. The MTUS criteria for referral for surgical consultation include patients with severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; or clear clinical, imaging, and electrophysiologic evidence.

