

Case Number:	CM15-0022612		
Date Assigned:	02/12/2015	Date of Injury:	08/04/2011
Decision Date:	04/03/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/06/2015

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 33-year-old female who reported an injury on 08/04/2011. The mechanism of injury was the injured worker was helping to push and lift a refrigerator when she felt pain in her low back. The injured worker had a CT scan of the lumbar spine on 10/07/2014 which revealed at L3-4, there was a 3 mm posterior disc bulge that was unchanged. The injured worker was noted to undergo an MRI of the lumbar spine on 02/26/2014. The injured worker underwent a normal electrodiagnostic study on 05/07/2014. The documentation of 12/19/2014 revealed the injured worker underwent a discogram study. The documentation indicated the symptomatic disc of L3-4 was injected with a solution of Celestone 2 mg and Marcaine 0.5% to a volume of 1 mL. The injured worker had severe pain with the injection which was concordant to the usual pain. The documentation of 01/16/2015 revealed the injured worker continued to have back pain and the pain was worse following the discogram. On physical examination, the lumbar spine range of motion revealed flexion of 20 degrees, extension 5 degrees, right lateral bend at 12 degrees, and left lateral bend at 12 degrees. The pain was reported with movement. In the lower extremities, the motor examination was strength was 5/5. The straight leg raise examination was negative. The sensory examination revealed decreased sensation in the bilateral feet and toes. The physician documented that the injured worker had a positive discogram at L3-4 that corresponded with the right paracentral disc protrusion seen on MRI. The MRI was not provided. The treatment plan included an L3-4 fusion. There was no Request for Authorization 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:

Pre-Op Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>, Perioperative Protocol, Health Protocol, Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2014 Mar. 124p. [124 references].

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.

Vascular Surgeon for Anterior Approach: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.bcbsnc.com>, Blue Cross Blue Shield, Co-Surgeon, Assistant Surgeon, Team Surgeon and Assistant-at-surgery Guidelines.

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.

Anterior Lumbar Interbody Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, 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.

The injured worker had a discogram and had concordant pain at the level of L3-L4. There was a lack of documentation of instability on flexion and extension studies. The injured worker had decreased range of motion of the lumbar spine. The clinical documentation submitted for review failed to provide documentation of an exhaustion of conservative care and the duration and type of recent conservative care was not provided. There was a lack of documentation of exceptional factors to recommend non-adherence to guideline recommendations. Additionally, the request as submitted failed to indicate the level for the requested surgery. Given the above, the request for anterior lumbar interbody fusion is not medically necessary.