

Case Number:	CM15-0026113		
Date Assigned:	02/18/2015	Date of Injury:	11/10/2010
Decision Date:	04/17/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/11/2015

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: Oregon, California
 Certification(s)/Specialty: Neurological 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 38-year-old female who reported an injury on 11/10/2010. The mechanism of injury involved heavy lifting. The current diagnoses include muscle wasting with disuse atrophy, lumbar disc protrusion, lumbar radiculopathy, right foot pain and psych diagnoses. The latest physician progress report submitted for review is documented on 01/15/2015. The injured worker presented for a follow-up evaluation with complaints of severe low back pain with radiating symptoms in the bilateral lower extremities. It was noted that the injured worker fell 5 weeks prior to the current visit and suffered an injury to the right 2nd toe. The injured worker also reported daytime sleepiness. Upon examination of the lumbar spine, there was palpable hypertonicity and pain over the lower lumbar spine and upper thoracic region, decreased and painful range of motion, tenderness to palpation over the bilateral gluteus, spinous process tenderness from L3 to S1, lumbar paravertebral tenderness, positive straight leg raise on the right at 40 degrees, positive straight leg raise on the left at 30 degrees, positive Valsalva maneuver, positive Bragard sign, and 4/5 weakness in the left lower extremity. Sensation was also diminished in the left L3-S1 dermatome and right L5-S1 dermatome. It was noted that the injured worker was awaiting a neurosurgical evaluation. The injured worker underwent an MRI of the lumbar spine on 11/12/2014, which revealed evidence of diffuse disc bulge at L4 through S1 with minimal narrowing of the spinal canal and neuro foramina. There was no request for authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) pre-operative medical work up: Upheld

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

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.

One (1) lumbar-sacral orthosis back brace: Upheld

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

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.

One (1) transforaminal lumbar interbody fusion at the L4-L5 and L5-S1: 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. According to the documentation provided, the injured worker does have objective evidence of radiculopathy upon examination. However there was no documentation of a recent physician progress report submitted by the requesting neurosurgeon. There was no documentation of spinal instability upon flexion and extension view radiographs. There was no evidence of a psychosocial screening completed prior to the request for a lumbar fusion. Given the above, the request is not medically appropriate at this time.

Eighteen (18) post-operative aquatic therapy sessions: 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.