

Case Number:	CM15-0033840		
Date Assigned:	02/27/2015	Date of Injury:	04/16/2012
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/23/2015

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 a 57-year-old female who reported an injury on 04/16/2012. The mechanism of injury was not specifically stated. The current diagnosis is lumbar spine stenosis. The injured worker presented on 01/29/2015 for a follow-up evaluation with complaints of low back pain. The injured worker reported difficulty sitting, standing, and walking with occasional giving out of the right lower extremity. The injured worker utilizes a cane for ambulation assistance, and requested an electrical scooter. Upon examination, there was moderate to severe tenderness to palpation of the mid lumbar spine. Extension was documented at 20 degrees. There was 4+/5 lower extremity weakness with diminished sensation to light touch in the right lateral shin and anterior foot. Right ankle reflex was absent. The injured worker was unable to toe and heel walk on the right side. Recommendations at that time included a decompression at L3-4 with bilateral facetectomy and discectomy. A Request for Authorization was then submitted on 02/03/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Interbody Fusion L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation AMA Guides, 5th Edition, page 382-383 and on Official Disability Guidelines (ODG) Online edition, http://www.odg-twc.com/odgtwc/low_back.htm#Fusion).

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. In this case, it is noted that the provider indicated an exhaustion of conservative treatment. However, there was no documentation of a recent attempt at any conservative management in the form of active rehabilitation. There was no psychosocial screening provided for this review. There was no documentation of spinal instability upon flexion and extension view x-rays. Given the above, the request is not medically appropriate at this time.

Associated surgical service: Exploration L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation AMA Guides, 5th Edition, page 382-383 and on Official Disability Guidelines (ODG) Online edition, http://www.odg-twc.com/odgtwc/low_back.htm#Fusion).

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.

Associated surgical service: Hospital Stay for 3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online edition, http://www.odg-twc.com/odgtwc/low_back.htm#Fusion.

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.

Associated surgical service: Surgical Assistant: 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.

Associated surgical service: Aspen LSO Lumbar Brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online edition, http://www.odg-twc.com/odgtwc/low_back.htm#Lumbarsupports.

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.