

Case Number:	CM15-0041330		
Date Assigned:	03/11/2015	Date of Injury:	08/14/2008
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/04/2015

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 52-year-old female who reported an injury on 08/14/2008. The injured worker reportedly suffered a low back strain when stepping off a ladder. The current diagnoses include lumbar spondylolisthesis, lumbar spinal stenosis, lumbar radiculopathy, and degenerative disc disease of the lumbar spine. The injured worker presented on 01/27/2015 for a follow-up visit with complaints of ongoing low back pain radiating into the bilateral lower extremities. The current medication regimen includes Celebrex and hydrocodone 5/325 mg. It was also noted that the injured worker was status post 4 level ACDF on 02/03/2014. Upon examination of the lumbar spine, there was limited range of motion, difficulty rising from a seated position, an antalgic gait, left toe drop, left paraspinal spasm, bilateral sciatic notch tenderness, hyper reflexes, and depressed right knee jerk. X-rays of the lumbar spine reported mild multilevel degenerative changes. Recommendations at that time included decompression and fusion with instrumentation of the L4-5 level of the lumbar spine. An official MRI of the lumbar spine completed on 11/03/2014 was submitted, and indicated mild multilevel degenerative changes with a diffuse disc bulge and bilateral facet arthropathy at L4-5 causing mild bilateral lateral recess stenosis. 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:

Decompression and Fusion with Instrumentation of The L4-5 Level of The Level of The Lumbar Spine with Banked Bone and BMP: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305 and 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, there was no mention of a recent exhaustion of any conservative management prior to the request for a surgical procedure. There is no documentation of spinal instability upon flexion and extension view radiographs. There is no evidence of a psychosocial screening completed prior to the request for a lumbar fusion. Additionally, the request as submitted includes the use of BMP in the lumbar spine over standard autograft and allograft materials. The medical rationale for the requested device has not been established. Given the above, the request is not medically appropriate at this time.

Inpatient 2 Night Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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.