

Case Number:	CM15-0045197		
Date Assigned:	03/17/2015	Date of Injury:	01/13/2012
Decision Date:	05/05/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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: Illinois, California, 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 48-year-old male who sustained an industrial injury on 1/13/12. Injury occurred when he tried to prevent a heavy rack from falling. Conservative treatment had included medications, physical therapy, and epidural steroid injections. The 12/15/14 initial consultation report cited constant grade 8/10 low back and left anterior thigh and bilateral foot pain with pins and needles dorsally. Pain was 90% back and 10% leg. He had nighttime pain, numbness in the left knee above the knee cap, and some weakness in the left leg. The left leg had buckled on occasion. Pain improved for one day after an epidural injection, and he had failed to improve with aqua therapy, physical therapy, and chiropractic. He was not working. Physical exam documented 4/5 left extensor hallucis longus weakness, decreased sensation in the L4 and L5 distribution, and 1+ and symmetrical lower extremity deep tendon reflexes. X-rays were significant for some lumbar stenosis. The 9/23/14 lumbar spine MRI was reviewed and showed multilevel degenerative disc disease, most significant at the L3/4 and L4/5 levels. The injured worker had exhausted conservative treatment and benefited marginally. Authorization was requested for L3-5 transforaminal lumbar interbody fusion (TLIF). The 2/11/15 utilization review non-certified the request for transforaminal lumbar interbody fusion at L3-L5/S1, as there was no radiographic evidence of spinal instability on flexion/extension films, and a psychological evaluation had not been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 transforaminal lumbar interbody fusion at level L3-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery - Discectomy/laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Fusion (spinal).

Decision rationale: The California MTUS guidelines indicate that lumbar spinal fusion may be considered for patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis. Guidelines state there was no good evidence that spinal fusion alone was effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there was instability and motion in the segment operated on. The Official Disability Guidelines (ODG) state that spinal fusion is not recommended for patients who have less than six months of failed recommended conservative care unless there is objectively demonstrated severe structural instability and/or acute or progressive neurologic dysfunction. Fusion is recommended for objectively demonstrable segmental instability, such as excessive motion with degenerative spondylolisthesis. Pre-operative clinical surgical indications require completion of all physical therapy and manual therapy interventions, x-rays demonstrating spinal instability, spine pathology limited to 2 levels, and psychosocial screening with confounding issues addressed. Guideline criteria have not been met. This injured worker presents with low back and left anterior thigh and bilateral foot pain that has failed to respond to comprehensive conservative treatment. Clinical exam findings documented motor and sensory loss. There is imaging evidence of multilevel degenerative disc disease, most significant at L3/4 and L4/5, but there is no imaging evidence of spinal segmental instability. There is no documentation of a psychosocial evaluation for surgical clearance. Therefore, this request is not medically necessary at this time.

1 Prothrombin Time (PT), Partial Thromboplastin Time (PTT) and Complete Blood Count (CBC): 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), Criteria for Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

1 Medical Clearance from Internal Medicine Doctor: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.