MAXIMUS Federal Services

Case Number:	CM15-0056506		
Date Assigned:	04/01/2015	Date of Injury:	10/22/2012
Decision Date:	06/04/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/24/2015

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: Georgia, South Carolina
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 63-year-old male with a reported date of injury of 10/22/2012. The mechanism of injury was not specifically stated. The current diagnosis is lumbar spinal stenosis at L4-5 with instability. The injured worker presented on 01/24/2015 for a follow-up evaluation. It was noted that the injured worker remained a surgical candidate for anterior and posterior fusion. The injured worker was attempting to lose weight, and was currently 265 pounds. The injured worker needed to resume a weight loss program prior to undergoing surgery. Upon examination of the lumbar spine, there was 2+ lumbar paraspinal muscle spasm, tenderness to palpation, 60 degree flexion, 25 degree extension, 25 degree right and left side bending, decreased sensation in the L5-S1 dermatome on the right, and positive straight leg raise on the right at 60 degrees. Treatment recommendations at that time included an anterior/posterior fusion at L4-5 following the injured worker's loss of 30 to 40 pounds. The injured worker was also issued a refill for Naprosyn and Prilosec. A Request for Authorization form had been previously submitted on 11/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Posterior Fusion of L4-L5 of the Lumbar Area as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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, there is no documentation of a significant functional deficit upon examination. There were no official imaging studies provided for review. There was no documentation of a psychosocial screening completed prior to the request for a lumbar fusion. There is no indication that the injured worker has successfully completed a weight loss program prior to the surgery. In addition, there was no documentation of spinal instability upon flexion/extension x-rays. Given the above, the request is not medically necessary at this time.