

Case Number:	CM14-0003777		
Date Assigned:	02/03/2014	Date of Injury:	02/11/2013
Decision Date:	06/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/10/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male who reported an injury on 02/11/2013. The mechanism of injury was a gradual increase of low back pain due to the wearing of a heavy equipment belt and his usual uncustomary duties that involved prolonged standing, walking, and sitting and contact with prison inmates. The injured worker underwent physical therapy, chiropractic treatment, and a lumbar epidural injection without significant relief of pain. The injured worker underwent a lumbar discogram on 11/01/2013 and the discogram was negative at L4-5, and was positive at L5-S1. The injured worker underwent a nerve conduction study on 07/18/2013 which revealed all nerve conduction studies were within normal limits and there was no electrodiagnostic evidence of lumbar radiculopathy, brachial plexopathy, or peripheral neuropathy, along with no electrodiagnostic evidence of mononeuropathy involving bilateral tibial, sural, and peroneal nerves. The injured worker underwent an MRI of the lumbar spine on 02/09/2013 which revealed posterior disc bulges of 2 mm at L3-4, two 3 mm at L4-5, as well as 5 to 6 mm at L5-S1. There was an annular fissure in the posterior aspect of the disc. There was mild bilateral L5-S1 neural foraminal narrowing. Additionally, at the level L5-S1 there was loss of nucleus pulposus signal intensity and a 5 to 6 mm disc bulge in a high intensity zone noted at the posterior aspect of the disc. There was no central canal stenosis. The PR-2 dated 12/09/2013 revealed the injured worker had ongoing low back pain radiating into the left buttock and down the posterior thigh to the calf rated a 6 on the VAS scale. The reflexes and motor strength were within normal limits. The straight leg raise was negative. There was no evidence of weakness walking on the toes or heels. There was no evidence of a limp and the injured worker had a normal gait and normal heel to toe swing through. The diagnoses included L5-S1 disc degeneration annular tear, L5-S1 lateral recess and foraminal stenosis mild and intermittent leg radiculopathy. The treatment plan included an L5-S1 anterior lumbar interbody fusion with cage

and instrumentation and posterior interbody fusion. The treatment plan additionally included a lumbar spine orthotic brace, pneumatic intermittent compressions device, postoperative physiotherapy 3 times a week for 6 weeks, and a preoperative medical clearance and chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 ANTERIOR INTERBODY FUSION WITH CAGE AND INSTRUMENTATION AND POSTERIOR INTERBODY FUSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, ,

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

Decision rationale: The ACOEM Guidelines indicate that a referral for a surgical consultation is appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with objective signs of neural compromise; activity limitations due to radiating leg pain for more than 1 month, or extreme progression of lower leg symptoms. There should be documentation of clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and a failure of conservative treatment to resolve disabling radicular symptoms. There is no good evidence from control trials that spinal fusion alone is effective for the treatment of any type of acute low back pain in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The clinical documentation submitted for review failed to provide evidence the injured worker had spinal instability. There was a lack of documentation of spinal stenosis per the MRI. Physical examination was within normal limits. Given the above, and the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request is not medically necessary.

3 DAY INPATIENT LENGTH OF STAY: 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.

ASSISTANT SURGEON: 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.

VASCULAR SURGEON: 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.

COLD THERAPY UNIT WITH A 30 DAY RENTAL: 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.

LUMBOSACRAL ORTHOTIC BRACE: 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.

PNEUMATIC INTERMITTENT COMPRESSION DEVICE: 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.

POST OP PHYSICAL THERAPY 3X6 WEEKS, TOTAL OF 18 VISITS: 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.

PRE-OPERATIVE MEDICAL CLEARANCE: 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.

PREOPERATIVE CHEST X-RAY: 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.