

Case Number:	CM14-0121434		
Date Assigned:	08/06/2014	Date of Injury:	10/18/2007
Decision Date:	10/15/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/01/2014

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 Spine Surgery and is licensed to practice in Texas. 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 68-year-old female who reported an injury on 10/18/2007 due to an unknown mechanism of injury. The patient reportedly sustained an injury to her low back and knee. The patient underwent total knee replacement and postoperative therapy. The patient's low back pain was managed during that time with medications and injections. Treatment history for the low back included physical therapy, chiropractic care, acupuncture, sacroiliac joint injections and epidural steroid injections. The patient was evaluated on 06/10/2014. It was documented that the patient had ongoing low back pain. Objective findings included tenderness to palpation along the L5-S1 midline of the right lumbar paraspinal musculature, decreased range of motion in all planes secondary to pain, 4/5 motor strength of the left quadriceps and hamstrings. The patient had 4+/5 left tibialis anterior, extensor hallucis longus, inversion, plantarflexion, and eversion on the left with 5-/5 on the right and a negative straight leg raising test bilaterally. It was noted that the patient had undergone an x-ray on 06/30/2014 that documented a grade I spondylolisthesis at the L3-4, L4-5, and L5-S1. The injured worker's diagnoses included status post microlumbar decompression of the left L3-4 and L4-5, medication induced gastritis, grade I spondylolisthesis at the L4-5 with stenosis and right knee arthralgia, and status post left knee revision of a total knee replacement. The injured worker's treatment plan included an L4-5 spinal fusion. No request for authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior spinal fusion with transforaminal lumbar interbody fusion L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter, fusion

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The requested Posterior spinal fusion with transforaminal lumbar interbody fusion L4-L5 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has radicular symptoms consistent with the L4-5 dermatomal and myotomal distributions. The American College of Occupational and Environmental Medicine recommends surgical intervention for patients who have significant radicular findings supported by an imaging study that have failed to respond to conservative treatment. It is also recommended that fusion be performed for patients who have evidence of instability. The clinical documentation submitted for review does not provide an imaging study to support the need for surgical intervention. The clinical documentation does indicate that the patient has had several forms of conservative treatment that have failed to resolve the patient's symptoms. However, without an imaging study, the need for surgical intervention cannot be determined. Furthermore, the American College of Occupational and Environmental Medicine recommends a psychological evaluation prior to spine surgery. The clinical documentation fails to provide any evidence that the patient has undergone any type of psychological assessment to determine the appropriateness of the patient's response to surgery. As such, the requested Posterior spinal fusion with transforaminal lumbar interbody fusion L4-L5 is not medically necessary or appropriate.

Medication consultant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, chapter 7, Independent Medical Examinations and Consultants regarding referrals

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Ekg: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Chest xray: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Pre-op labs: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.