

Case Number:	CM14-0122315		
Date Assigned:	09/16/2014	Date of Injury:	06/17/2009
Decision Date:	10/27/2014	UR Denial Date:	07/24/2014
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 Family Medicine and is licensed to practice in Tennessee, Florida and 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 58 year old female who reported an injury to her low back on 6/17/2009. A clinical note dated 07/17 utilization review dated 07/17/14 resulted in non-certifications for L4, L5, and S1 fusion and internist evaluation and functional restoration program for a total of 12 sessions as insufficient information was submitted confirming likely benefit to the proposed procedures. The MRI of the lumbar spine dated 02/12/14 revealed broad based ventral epidural disc abnormality at L4-5 deforming the thecal sac without spinal canal narrowing. Mild lateral recess stenosis was identified. The exiting and descending nerve roots were intact. A central disc protrusion was identified at L5-S1. Ligamentum hypertrophy was identified at L5-S1 with mild bilateral neural foraminal narrowing, left greater than right.

IMR ISSUES, DECISIONS AND RATIONALES

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

PLIF Posterior Lumbar Interbody Fusion L4, L5-S1: 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 (Spinal)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-7.

Decision rationale: The request for PLIF at L4 through S1 is not recommended. The injured worker complains of low back pain. The MRI revealed significant findings at L5-S1. However, no information was submitted regarding significant clinical findings indicating likely benefit to proposed surgical procedure or completion of any conservative treatment including therapeutic interventions and injection therapy. Given this, the request is not indicated as medically necessary.

Internist Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations Regarding Referrals, Chapter 7

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American College of Occupational and Environmental Medicine (ACOEM), IME and Consultations. (Electronically sited)

Decision rationale: The request for internist evaluation is not medically recommended, given that the request for the surgery in the lumbar spine is not medically necessary.

Functional Restoration 2 x per Week x 6 Weeks, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Functional restoration programs (FRPs), Page(s): 49.

Decision rationale: The request for functional restoration program two times a week times six weeks is not recommended. Inclusion into a functional restoration program would be indicated provided that the injured worker meets specific criteria, including completion of all conservative treatment. No information was submitted regarding previous completion of any conservative treatments addressing low back complaints or need for an interdisciplinary approach to restoring function status. Given this, the request is not indicated as medically necessary.