

Case Number:	CM14-0124464		
Date Assigned:	08/08/2014	Date of Injury:	06/12/2012
Decision Date:	10/10/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/06/2014

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:

This 50-year-old female bus driver sustained an industrial injury on 6/12/12. The injury occurred when a wheelchair ran over her foot. Past surgical history was positive for bilateral bunionectomies. The 8/8/12 lumbar MRI impression documented minimal to mild disc desiccation and bulge with minimal spinal neuroforaminal narrowing at L5/S1 and associated minimal facet joint arthropathy. There was minimal disc desiccation at L3/4 and L4/5. There was no disc herniation and no significant spinal or neuroforaminal stenosis. Bone marrow signal and conus were normal. The 9/24/12 electrodiagnostic study showed no evidence of lumbosacral radiculopathy and mild suggestion of peripheral motor polyneuropathy with delayed latencies in the left medial plantar, lateral plantar, and peroneal motor fibers. Records indicated recommendation for spinal cord stimulator since 2012. The 2/7/14 psychological evaluation report recommended that the patient not proceed with a spinal cord stimulator trial at this time. The treatment plan recommended 4 to 6 visits of psychological treatment, medication, and possible psychiatric consultation to help with medication optimization. The 6/13/14 treating physician report cited grade 8/10 back and left foot pain. Sleep was reportedly poor and medications were ineffective. The patient reported an epidural through her private insurance with improved pain for the past 2 to 3 weeks. Pain gradually returned with increased activity level. Physical exam noted the patient to be anxious, depressed, in pain, and tearful. Gait was antalgic, assisted by a cane. Lumbar spine exam noted moderate loss of lumbar range of motion limited by pain, positive facet loading bilaterally, and negative straight leg raise. There were paravertebral muscle spasms, tenderness, and tightness. Patellar reflexes were 2/4 on the right and 1/4 on the left. Achilles reflexes were 1/4 bilaterally. Motor exam documented 4/5 weakness in left extensor hallucis longus and ankle dorsiflexion strength. There were dysesthesias over the left 2nd and 3rd toes. A request for a discogram was pending. The treatment plan recommended

continued TENS use, home exercise program, medications, and a sleep study. There was a request noted on 7/8/14 for lumbosacral anterior interbody fusion. The 7/25/14 utilization review denied the request for anterior lumbar interbody fusion as there was no documentation of indications (instability, tumor, deformity or infection) or psychological clearance as required by guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar sacral anterior surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Fusion (spinal)

Decision rationale: The ACOEM Guidelines state that lumbar fusion is not recommended as a treatment for patients with radiculopathy from disc herniation. Lumbar fusion is recommended as an effective treatment for degenerative spondylolisthesis. Lumbar fusion is not recommended as a treatment for spinal stenosis unless concomitant instability or deformity has been proven. 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. There is no radiographic evidence of spinal segmental instability. There is no evidence of an acute or progressive neurologic deficit. Psychological clearance is not evidenced for this patient. Psychological clearance for a spinal cord stimulator was denied on 2/7/14 with recommendations for treatment. There is no evidence that psychological treatment has been completed or clearance has been provided for a fusion surgery. Therefore, this request is not medically necessary.