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| Case Number: | CM14-0137736 | | |
| Date Assigned: | 09/05/2014 | Date of Injury: | 04/29/2009 |
| Decision Date: | 11/20/2014 | UR Denial Date: | 07/28/2014 |
| Priority: | Standard | Application Received: | 08/26/2014 |

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 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 54-year-old male who reported an injury on 04/29/2009 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his neck, head, eyes, low back, bilateral elbows, and bilateral knees. The injured worker also developed insomnia, anxiety, depression, headaches, and dizziness related to chronic pain. The injured worker underwent an MRI of the lumbar spine on 06/23/2014. It was documented that the injured worker had a mild anterolisthesis considered to be a grade I of the L4 on the L5 with a 1 mm disc bulge and facet arthropathy with mild to moderate central canal stenosis. The injured worker had a disc bulge at the L5-S1 abutting the thecal sac and causing mild bilateral neural foraminal stenosis. The injured worker was evaluated on 07/11/2014. It was documented that the injured worker had an acute flare up with deterioration of his back pain and spasms. Physical findings included limited range of motion secondary to pain with 4+/5 weakness of the tibialis anterior and extensor hallucis longus. It was noted that the injured worker had undergone an x-ray of the lumbar spine that documented a 5 mm to 6 mm area of instability. The injured worker's diagnoses included dynamic instability at the L4-5 and spondylolisthesis with instability at the L4-5. The injured worker's treatment plan included fusion surgery. A request for authorization form was submitted on 07/11/2014 to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Posterior Lumbar Fusion at L4-L5 level: 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): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Surgical Assistants and Hospital Length of Stay

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and 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 documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Clinicians should consider referral for psychological screening to improve surgical outcomes. The injured worker had a mild anterolisthesis considered to be a grade I of the L4 on the L5 with a 1 mm disc bulge and facet arthropathy with mild to moderate central canal stenosis. The injured worker had a disc bulge at the L5-S1 abutting the thecal sac and causing mild bilateral neural foraminal stenosis. The injured worker was evaluated on 07/11/2014. It was documented that the injured worker had an acute flare up with deterioration of his back pain and spasms. Physical findings included limited range of motion secondary to pain with 4+/5 weakness of the tibialis anterior and extensor hallucis longus. It was noted that the injured worker had undergone an x-ray of the lumbar spine that documented a 5 mm to 6 mm area of instability. There would be no necessity for electrophysiologic evidence to support the necessity for a fusion. The clinical documentation submitted for review failed to include documentation of a failure of conservative care. Given the above, the request for an anterior posterior lumbar fusion at L4-5 level is not medically necessary

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th Edition, Assistant Surgeon Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Surgical Assistants and Hospital Length of Stay

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

Vascular Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines 17th Edition, Assistant Surgeon Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Inpatient Hospital Stay (2-days): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Comp, 18th Edition, 2013 updates, Low Back Procedures, Fusion (Spinal)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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