

Case Number:	CM14-0139443		
Date Assigned:	09/05/2014	Date of Injury:	02/13/2012
Decision Date:	10/09/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	08/28/2014

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 43-year-old female who reported an injury on 02/13/2012. . The mechanism of injury was the injured worker was breaking up a fight between 2 female students when she developed back pain and left shoulder pain. The conservative care was noted to include physical therapy and epidural steroid injections. The injured worker underwent electrodiagnostic and nerve conduction studies on 12/06/2012 which were within normal limits. The injured worker underwent an MRI of the lumbar spine without contrast on 06/05/2012 which revealed at the level of L4-5 the disc height was normal. There was disc desiccation. There was a 4 mm disc bulge into the epidural fat that was present. There was no central canal stenosis and no foraminal stenosis. At the level of L5-S1, the space was normal in height. There was disc desiccation and a small annular tear posteriorly. There was a 3 mm disc bulge extending into the epidural fat. There was no impingement upon the thecal sac or compression of the S1 nerve roots. The foramina were normal. The physician documented that injured worker underwent an MRI of the lumbar spine on 12/05/2012 which revealed moderate disc degeneration and minimal disc bulge at T10-11. There was mild to moderate disc degeneration at L4-5 and moderate desiccation of the disc and mild broad-based posterior disc bulge which was approximately 2.5 mm thick accompanied by spondylosis. At L5-S1, there was moderate disc degeneration with mild spondylosis. There was a mild broad-based posterior disc bulge with a small fissure. There was mild degenerative osteoarthritis and mild bilateral foraminal stenosis. The injured worker's surgical history was noncontributory. The medications were stated to be none. The injured worker had x-rays on flexion and extension which the physician opined appeared to be some disc space height collapse and hypermobility at the level of L4-5. The diagnosis was lumbar discopathy. The injured worker was noted to be a nonsmoker. The documentation of 05/27/2014 revealed the physical examination indicated the injured worker had exquisite

amounts of pain and tenderness across the iliac crest to the lumbosacral spine. The standing flexion and extension was guarded and restricted. There was radiculopathy in the lower extremities. There was generalized weakness in the lower extremities. The injured worker admitted to dragging her feet with what appeared to be a possible foot drop on the left side greater than the right side. There was noted to be definite weakness with repetitive toe walking and heel walking. The treatment plan included as the injured worker had failed conservative care, the possibility existed for surgical intervention. However, the physician documented he needed to see the actual MRI in order to make that determination. There was no Request for Authorization 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:

L4-S1 posterior lumbar interbody fusion (PLIF) with reduction of listhesis and realignment of junctional kyphotic deformity: 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), Low Back Chapter, Spinal Fusion, Criteria for lumbar spinal fusion

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

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 clinical documentation submitted for review failed indicated that the injured worker had objective findings upon physical examination. There was documentation the injured worker had failure of conservative treatment. However, the most recent MRI was not submitted for review. There was a lack of documentation of plain x-rays indicating instability in flexion and extension. There was a lack of documentation indicating the injured worker had a psychological screening for the requested procedure. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for L4-S1 posterior lumbar interbody fusion (PLIF) with reduction of listhesis and realignment of junctional kyphotic deformity is not medically necessary.

Front wheel walker: 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.

Ice unit: 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.

Bone stimulator: 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.

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

3-1 commode: 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.

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

2-3 day inpatient 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.