

Case Number:	CM14-0140996		
Date Assigned:	09/10/2014	Date of Injury:	01/29/2007
Decision Date:	10/14/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/02/2014

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 40-year-old female who reported an injury on 01/29/2007. The prior therapies were noted to include physical therapy, aquatic therapy, medications, modified duty, and epidural steroid injection and medications. The medications were noted to include Norco, Klonopin, Trazodone and Flector patches. The mechanism of injury was the injured worker twisted her body and felt a severe pain in the low back. The injured worker was noted to have an MRI of the lumbar spine on 12/02/2013, which revealed a 3 - 4 mm right central disc herniation at L5-S1 without significant nerve root impingement. There was spondylosis at L3-4 and L4-5, but without significant spinal stenosis or neural foraminal narrowing. The injured worker underwent a discogram of the lumbar spine on 04/04/2014, which documented at L4-3 there was a negative reactive and no disc disruption, however, somewhat similar pain. At L3-4, there was a markedly positive test with disc disruption and severe concordant pain. At the level of L4-5, there was a mildly positive test with disc disruption and similar findings. At L5-S1, there was a mildly positive test with disc disruption and similar pain. There was a Request for Authorization submitted for the surgical intervention and accompanying requests. The primary treating physician's progress report dated 05/21/2014 revealed the injured worker had low back pain that was constant and radiated into her left leg. The injured worker was experiencing numbness in the bilateral lower extremities, left greater than right. The reflexes were 2+ in the patella and Achilles. Motor strength in the lower extremities was 5/5. The sensory examination revealed an area of decreased sensation of light touch over the left anterior thigh, left lateral thigh, and left lateral calf. The diagnoses included lumbar pain and lumbar degenerative disc disease. The treatment plan included an anterior lumbar interbody fusion at L3-4, L4-5, and L5-S1 with a posterior decompressive laminectomy and fusion from L3 through S1. Additionally requested was a spinal cord monitor, a preoperative Mazor CT of the lumbar spine, a co surgeon and an

LSO brace as well as a postoperative bone growth stimulator. The injured worker underwent a presurgical spinal psychological clearance and evaluation on 07/17/2014, which revealed the injured worker, was psychologically fit to undergo spinal surgery. Additionally, the physician documented the injured worker was in need of mental health treatment. The physician further went on to state the surgery should not be delayed due to mental health problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion (ALIF), decompressive laminectomy with posterior lumbar interbody fusion (PLIF) with instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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. 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 indicated the injured worker had positive findings per the discogram. The MRI was not provided for review. The clinical documentation indicated the injured worker had been cleared from a psychological standpoint. The request as submitted failed to indicate the level for the requested surgical intervention. Given the above, the request for anterior lumbar interbody fusion (ALIF), decompressive laminectomy with posterior lumbar interbody fusion (PLIF) with instrumentation is not medically necessary.

Associated surgical service: Intra-operative spinal cord monitoring: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Pre-operative CT scan on the lumbar spine with Mazor protocol: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Post-operative LSO 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Bone growth 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Co-surgeon for anterior approach: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Assistant surgeon: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Three (3) day inpatient hospital 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.