

Case Number:	CM14-0148036		
Date Assigned:	09/18/2014	Date of Injury:	06/17/2009
Decision Date:	10/16/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/11/2014

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 Emergency Medicine 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:

The injured worker is a 58 year-old female, who sustained an injury on June 17, 2009. The mechanism of injury occurred from lifting a box. Diagnostics have included: Lumbar MRI dated January 20, 2012 reported as showing right L4 laminectomy and disc protrusion with right foramina stenosis and nerve root encroachment, L4-5 disc protrusion, L4-5/L5-S1 discogenic spondylosis; February 12, 2014 lumbar spine MRI - results not noted; March 10, 2014 EMG/NCV-results not noted. Treatments have included: L4-5 laminectomy/fusion August 18, 2009. The current diagnoses are: s/p L4-5 laminectomy/fusion, chronic left lumbar radiculopathy, multi-level lumbosacral degenerative joint disease. The stated purpose of the request for spine fusion with [REDACTED]; lumbar spine surgery/PLIF L4, L5-S1; determination date: 09/02/2014, was not noted. The request for spine fusion with [REDACTED] lumbar spine surgery/PLIF L4, L5-S1; determination date: 09/02/2014, was denied on September 2, 2014, citing a lack of: documentation of instability or spondylolithesis, psychological evaluation, exhaustion of conservative treatment. Per the report dated August 11, 2014, the treating physician noted complaints of chronic back pain, and has a history of panic attacks which prevented epidural steroid injections. Exam findings included paravertebral muscle tenderness, restricted and painful range of motion, decreased sensation to the right L5 dermatome, 4/5 muscle strength to the tibialis anterior and right extensor hallucis longus, negative straight leg raising tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine fusion with [REDACTED]; lumbar spine surgery/plif l4, l5-s1; determination date: 09/02/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Official Disability Guidelines (ODG), Low Back Chapter, Fusion (spinal)

Decision rationale: The requested spine fusion with [REDACTED]; lumbar spine surgery/PLIF L4, L5-S1; determination date: 09/02/2014, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Surgical Considerations, Spinal Fusion note that spinal fusion is recommended for spinal fracture, dislocation and spondylolithesis with instability and excessive segmental motion; and Official Disability Guidelines (ODG), Low Back Chapter, Fusion (spinal) recommend spinal fusion after psychosocial clearance and failed conservative treatment. The injured worker has chronic back pain. The treating physician has documented paravertebral muscle tenderness, restricted and painful range of motion, decreased sensation to the right L5 dermatome, 4/5 muscle strength to the tibialis anterior and right extensor hallicus longus, negative straight leg raising tests. The treating physician has not documented instability or excessive segmental motion with spondylolithesis nor psychological evaluation regarding this surgical request. The criteria noted above not having been met, spine fusion with [REDACTED]; lumbar spine surgery/PLIF L4, L5-S1; determination date: 09/02/2014, is not medically necessary.