MAXIMUS Federal Services

Case Number:	CM14-0160949		
Date Assigned:	10/06/2014	Date of Injury:	02/17/2009
Decision Date:	11/04/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/30/2014

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:

The claimant is a 39-year-old male who sustained a vocational injury on 02/17/09. The medical records provided for review included the report of an MRI of the lumbar spine dated 07/25/11 that revealed mild lumbar hyperlordosis described as suspicious for bilateral spondylosis with grade I spondylolisthesis at L5-S1; a plain film with oblique views was recommended. There was mild impingement on the left S1 nerve root noted. The office note dated 07/17/14 described the claimant to have progressive pain and had failed conservative treatment to include epidurals, chiropractic care and physical therapy, anti-inflammatories and muscle relaxants. Due to worsening pain, the claimant was now on Hydrocodone pain patches. Physical examination revealed 4/5 strength of the left lower extremity, weakness in the extensor hallucis longus on the left, 4/5, diminished sensation along the dorsum of his left foot, positive straight leg raise on the left side, and increased pain with lumbar extension. X-rays taken on that dated showed grade I - II isthmic spondylolisthesis with bilateral pars defects, degeneration and narrowing of the L5-S1 level. The diagnosis was grade II isthmic spondylolisthesis at L5-S1, degenerative disc disease at L5-S1, disc protrusion at L5-S1, and left leg radiculopathy. An emergency room report from 5/18/14 noted that the claimant denied tobacco use. The current request is for an anterior-posterior fusion at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior-Posterior Fusion at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter: fusion

Decision rationale: The California ACOEM Guidelines, supported by the Official Disability Guidelines, recommend fusion in the setting of instability, which is not currently documented in this case, either on physical examination or on diagnostic evaluation by MRI or flexion and extension views of the lumbar spine. The most recent MRI available for review is over three years old and prior to considering surgical intervention a new updated diagnostic study in the form of an MRI would be necessary for evaluation. In addition, the Official Disability Guidelines recommend psychosocial screening prior to proceeding with a lumbar fusion in the worker's comp setting; that does not appear to have been completed. Based on the documentation presented for review and in accordance with California ACOEM Guidelines, the request for the anterior-posterior fusion of L5-S1 cannot be considered medically necessary.

Pre-op Labs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Facility Inpatient 3 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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.

Pre-op EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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.

Pre-op Chest X-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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.