

Case Number:	CM14-0162524		
Date Assigned:	10/07/2014	Date of Injury:	05/28/2009
Decision Date:	11/04/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/02/2014

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 Surgeon 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 male who reported an injury on 05/28/2009. The mechanism of injury involved a fall. The current diagnoses include pseudarthrosis and failed fusion at L5-S1, and massive bony hyperostosis with critical S1 nerve compression. Previous conservative treatment is noted to include physical therapy, acupuncture, chiropractic treatment, and medications. The injured worker was evaluated on 06/23/2014. Physical examination revealed significant weakness in the S1 distribution, diminished sensation in the bilateral S1 distribution, significant pain, positive straight leg raising, and limited range of motion. Treatment recommendations included a revision fusion at L5-S1. A Request for Authorization form was then submitted on 08/25/2014. It is noted that the injured worker underwent an MRI of the lumbar spine on 01/09/2013, which indicated a posterior disc bulge at L5-S1 with moderate bilateral neural foraminal narrowing and facet joint hypertrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Revision fusion L5-S1 through a presacral approach with an associated bilateral revision laminar foraminotomies and resection of bony hyperostosis for lumbar spine: 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, Fusion/Revision

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Low Back Chapter, Fusion (spinal).

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and failure of conservative treatment. The Official Disability Guidelines state preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, completion of all physical medicine and manual therapy interventions, documented instability upon x-ray of CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. As per the documentation submitted, the injured worker has exhausted conservative treatment. However, there was no documentation of spinal instability upon flexion and extension view radiographs. There was no documentation of a psychological evaluation. Based on the clinical information received, the medical necessity has not been established. As such, the request is not medically necessary at this time.