

Case Number:	CM14-0163164		
Date Assigned:	10/08/2014	Date of Injury:	12/25/2012
Decision Date:	12/17/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/03/2014

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 48-year-old male who reported injury on 12/25/2012. The mechanism of injury was the injured worker was escorting a violent prisoner holding on to him and the prisoner suddenly dropped to the ground pulling the injured worker with him. The injured worker as noted to be treated with exercises and medications. The documentation of 09/11/2014 revealed the injured worker had single level disease at L4-5. The request was made for an L4-5 instrumented fusion and decompression. The injured worker was noted to complain of low back pain with radiation including numbness and tingling in the right leg. The medications were noted to include naproxen, gabapentin and ibuprofen. The surgical history was stated to include no relevant surgeries. There was facet arthropathy and degenerative scoliosis as per the x-ray. The official MRI of 07/17/2014 revealed at L4-5, there was a mild broad-based posterior disc protrusion measuring 3.0 mm beyond the adjacent posterior vertebral body margin. There was effacement of the adjacent anterior thecal sac and narrowing of the recess is greater to the right. There was a small high signal on the right paracentral region at the posterior margin of the disc on T2 thought to be consistent with the tear of the annulus. There was a request for authorization submitted dated 09/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 TLIF (Transforaminal Lumbar Interbody Fusion), PSF (Posterior Spinal Fusion)/PSI (Posterior Spinal Instrumentation): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305, 37, 310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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. The clinical documentation submitted for review failed to provide documentation of clear clinical examination findings to support the injured worker had a lesion that would benefit in both the short and long term from surgical repair. There was no electrophysiologic evidence of a lesion. The imaging included an MRI which failed to provide documentation to support a necessity for surgical intervention. There was a lack of documentation of recent conservative care. Given the above, the request for L4-5, TLIF, PSF/PSI is not medically necessary.

Associated surgical service: Post-operative Lumbar 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: Post-operative 1 box island bandage: 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 Physical Therapy 3 times a week for 6 weeks: 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: 2 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: surgical assistant-Johnathan Silivay, PA: 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.