

Case Number:	CM14-0164100		
Date Assigned:	10/09/2014	Date of Injury:	09/14/2012
Decision Date:	11/14/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/06/2014

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:

Patient is a 37-year-old female with an industrial injury dated 09/14/12. The patient is status post radiofrequency ablation bilaterally at L4-5 and L5-S1. MRI of the lumbar spine dated 06/12/14 reveals chronic bilateral L5 pars deficits with mild L5-S1 spondylolisthesis resulting in moderate bilateral foramina narrowing but patent central canal. Exam note 08/25/14 states the patient returns with low back pain. The patient rates the pain a 6/10. The patient states she also experiences numbness down the right leg and into both feet. Upon physical exam the patient demonstrated a mild antalgic gait with tenderness to palpation of the lumbar spine extending to the paraspinal region. Also the patient experiences diminished sensation in the right L4, L5, and S1 dermatomes. The patient has a 4+/5 motor strength of the right tibialis anterior, extensor hallucis longus (EHL), and ankle inverter, everter, and plantar flexor and a 5-/5 on the left. Diagnosis is noted as lumbar radiculopathy, Grade I-II spondylolisthesis at L5-S1 with bilateral L5 pars fractures and severe bilateral neural foraminal narrowing at L5-S1. Treatment includes a posterior spinal fusion with posterior lumbar interbody fusion (PLIF) at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Spinal Fusion with PLIF L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, http://www.odg-twc.com/odgtwc/low_back.htm#Discectomy

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, Fusion

Decision rationale: The ACOEM Guidelines Chapter 12 Low Back Complaints page 307 state that lumbar fusion, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. "According to the ODG, Low back, Fusion (spinal) should be considered for 6 months of symptom. Indications for fusion include neural arch defect, segmental instability with movement of more than 4.5 mm, revision surgery where functional gains are anticipated, infection, tumor, deformity and after a third disc herniation. In addition, ODG states, there is a lack of support for fusion for mechanical low back pain for subjects with failure to participate effectively in active rehab pre-op, total disability over 6 months, active psych diagnosis, and narcotic dependence. In this particular case, there is lack of medical necessity for lumbar fusion as there is no evidence of segmental instability greater than 4.5 mm or psychiatric clearance to warrant fusion from the exam note of 8/25/14. Therefore, the lumbar fusion is not medically necessary and appropriate.

[REDACTED]: Medicine Consult-Pre Operative Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com/article>

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.

[REDACTED]: EKG: 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.

[REDACTED]: Chest X-Ray: 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.

[REDACTED]: Pre-Op Labs (Unspecified): 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.

[REDACTED]: Internal Medicine Consult: 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.