

Case Number:	CM14-0165974		
Date Assigned:	10/13/2014	Date of Injury:	02/21/2000
Decision Date:	12/19/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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 Surgeon 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 64-year-old male who reported an injury on 02/21/2000. The mechanism of injury was not specifically stated. The current diagnoses include L3-4 instability and stenosis, status post L4 to S1 fusion on 03/22/2003, and depression. The injured worker was evaluated on 09/02/2014 with complaints of persistent low back pain. The current medication regimen includes naproxen, Ambien, and hydrocodone. Physical examination revealed an antalgic gait, tenderness about the lumbar paraspinal muscles and thoracic paraspinal muscles, spasm with motion, surgical scarring, negative swelling, 35 degree flexion, 15 degree extension, 40 degree rotation, 20 degree lateral bending, normal motor strength, 2+ deep tendon reflexes, and decreased sensation in the L5 dermatomes bilaterally. Treatment recommendations included authorization for L4 to S1 removal of hardware, fusion inspection, possible decompression, L3-4 posterolateral fusion with screw fixation and allograft, and L3-4 bilateral decompression. There was no Request for Authorization form submitted for this review. It is noted that the injured worker underwent an MRI of the lumbar spine on 08/25/2014, which revealed a broad based posterior disc protrusion at L3-4 with moderate central canal stenosis and severe right lateral stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterolateral fusion with screw fixation and allograft and L3-4 bilateral decompression:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC): Chapter, Low Back, Hardware Implant Removal (fixation)

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that 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 that preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, the completion of all physical medicine and manual therapy interventions, documented instability upon x-ray or CT myelogram, spine pathology that is limited to 2 levels, and a psychosocial screening. In the documentation submitted, there is no mention of a recent attempt at conservative treatment. There is no documentation of spinal instability upon flexion and extension view radiographs. There is also no documentation of a psychosocial screening. As such, the request is not medically necessary.

Hospital inpatient stay, QTY: 2 days: 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): Hospital Length of Stay

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.

L4-S1 removal of hardware fusion inspection, possible decompression at L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hardware implant removal, Discectomy/Laminectomy.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that 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 hardware removal is not recommend, except in the case of broken hardware or persistent pain, after ruling out other causes of pain such as infection and nonunion. Prior to a discectomy/laminectomy there should be objective evidence of radiculopathy. Imaging studies should reveal lateral disc rupture, lateral recess stenosis, or nerve root compression. There should also be documentation of an exhaustion of conservative treatment. There was no objective evidence of a motor deficit in a specific dermatomal distribution. There was no evidence of a positive straight leg raising test, crossed straight leg raising or reflex exams that correlate with symptoms and imaging. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.