

Case Number:	CM14-0180020		
Date Assigned:	11/04/2014	Date of Injury:	01/20/2013
Decision Date:	12/09/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/29/2014

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 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 40-year-old female who reported an injury on 01/20/2013. The mechanism of injury involved a motor vehicle accident. The current diagnoses include impending cauda equina syndrome at L5-S1, disc herniation at L5-S1, severe lateral recess stenosis, radiculopathy and radiculitis in the bilateral lower extremities, and worsening lower back pain. The injured worker presented on 10/06/2014 with complaints of persistent lower back pain with bilateral lower extremity numbness. Previous conservative treatment includes anti-inflammatory medication, pain medication, chiropractic treatment, physical therapy, acupuncture, and injections. The current medication regimen includes Norco, Flexeril, and lidocaine. Physical examination revealed an antalgic gait, tenderness to palpation over the L5-S1 area with palpable muscle spasm, 20% of normal flexion, 0% of normal extension, 10% of normal side to side bending, 3/5 strength in the bilateral lower extremities, diminished sensation in the L5 and S1 nerve root distribution bilaterally, and absent Achilles reflexes bilaterally with a positive straight leg raise. Treatment recommendations at that time included surgical intervention. A Request for Authorization form was then submitted on 10/06/2014. It is noted that the injured worker underwent an MRI of the lumbar spine on 03/06/2013, which revealed an annular tear and a small broad based central disc herniation with effacement of the epidural fat at L5-S1 without neural foraminal stenosis or central canal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Anterior Lumbar Fusion, Discectomy, Decompression, and Instrumentation with Neuromonitoring: Upheld

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

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: California MTUS/ACOEM Practice Guidelines state a "referral for surgical consultation may be appropriate 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 or CT myelogram, spine pathology that is limited to 2 levels and a psychosocial screening." There was no documentation of spinal instability upon flexion and extension view radiographs. There was also no documentation of a psychosocial screening. Therefore, the request is not medically necessary.

L5-S1 Posterior Lumbar Fusion, Discectomy, Decompression, and Instrumentation with Neuromonitoring: Upheld

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

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: California MTUS/ACOEM Practice Guidelines state a "referral for surgical consultation may be appropriate 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 or CT myelogram, spine pathology that is limited to 2 levels and a psychosocial screening." There was no documentation of spinal instability upon flexion and extension view radiographs. There was also no documentation of a psychosocial screening. Therefore, the current request is not medically necessary.

Associated Surgical Service: Vascular surgeon: 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: Two assistant surgeons: 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: A 7-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: Preoperative 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.

Associated Surgical Service: LSO 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: Cold therapy unit: 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: Bone growth stimulator: 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.