

Case Number:	CM14-0181551		
Date Assigned:	11/06/2014	Date of Injury:	06/30/2009
Decision Date:	12/09/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/31/2014

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 41-year-old female who reported an injury on 06/30/2009. The mechanism of injury was not specifically stated. The current diagnoses include back pain, lumbar radiculopathy, and spinal stenosis with neurogenic claudication. The injured worker presented on 10/15/2014 with complaints of persistent lower back pain rated 7/10. Previous conservative treatment is noted to include medications, physical therapy, chiropractic treatment, home exercise, activity modification, facet injections, and epidural steroid injections. The injured worker's physical examination revealed moderate tenderness at the left lower lumbar paraspinal and paravertebral muscles over the fact joints at L5-S1, moderately decreased lumbar flexion, severely limited lumbar extension, positive straight leg raise on the left, normal motor strength in the bilateral lower extremities, and intact sensation. Treatment recommendations at that time included a spinal fusion at L5-S1. It is noted that the injured worker underwent an MRI of the lumbar spine on 09/25/2014, which revealed mild anterolisthesis of L5 over S1, a pars defect at L5, and mild left neural foraminal narrowing secondary to disc bulging extending into the left neural foramen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Posterior Fusion with interbody graft, Laminectomy L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG), Low Back Chapter, pages 305-306

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 CA MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be 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 (ODG) state 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 psychosocial screening. There was no documentation of spinal instability upon flexion and extension view x-rays. There was also no documentation of a psychosocial screening prior to the request for a lumbar fusion. Based on the clinical information received, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically appropriate.

Associates surgical services: 3 day inpatient stay: 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 Chapter, Hospital LOS

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.

Associates surgical services: cardiac clearance: 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), Pre-Operative Testing

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.