

Case Number:	CM14-0041370		
Date Assigned:	08/01/2014	Date of Injury:	02/16/2011
Decision Date:	08/29/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/14/2014

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 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 42-year-old female who reported injury on 02/16/2011. The MRI dated 10/15/2011 revealed at the level of L3-4 there was a 2 mm right paracentral disc protrusion. At the level of L4-5 there was a 7 mm by 4 mm disc herniation with mild spinal canal stenosis. The injured worker had a lumbar discogram on 02/05/2014, which revealed the injured worker had an abnormal morphology and provocation of concordant pain at L3-4 and L4-5 with associated disc annular tears. The impression was discogenic low back pain emanating from L3-4 and L4-5. The documentation of 02/13/2014 revealed the injured worker had a lumbar discogram. The injured worker's pain significantly interfered with her activities of daily living and was worsening. The pain radiated from the low back to both legs. The physical examination revealed decreased range of motion in flexion and extension. The motor function strength was within normal limits. The reflexes were 1/2 in the bilateral biceps, brachioradialis, triceps, patella, and Achilles. There was no sensory hypesthesia. The treatment plan included as the injured worker had failed an adequate trial of time and conservative treatment including medications, physical therapy and injections and had severe mechanical back pain and motion segment degeneration at L3-4 proven provocative for concordant severe pain at both bilateral levels, the request was made for an anterior lumbar interbody fusion at L3-4 and L4-5, structural allograft at L3-4 and L4-5, harvesting of cancellous autograft followed by posterior bilateral fusion at L3-4 and L4-5 and posterior segmental fixation at L3-5 and a 2 day hospitalization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines, Assistant Surgeon Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

2 day hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

L3-4, L4-5 anterior lumbar interbody fusion, L3-4, L4-5 posterior lumbar fusion, L3-5 posterior segmental instrumentation, harvest of iliac crest autograft, structural allograft:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)-TWC.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-309.

Decision rationale: The ACOEM guidelines indicate that surgical consultations may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month, 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 a failure of conservative treatment to resolve disabling radicular symptoms. There would be no electrophysiologic evidence necessary to support this procedure. The ACOEM guidelines further indicate that there is no good evidence from controlled trials that spinal fusion alone is effective for the treatment of any acute low back pain in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The clinical documentation submitted for review indicate the injured worker had no significant spinal canal or neural foraminal stenosis. There was mild spinal canal stenosis at the level of L4-5 and the discogram was positive at the level of L3-4 and L4-5. The physician opined the injured worker had motion

segment degeneration at L3-4 and L4-5. However, there was a lack of documentation of flexion and extension studies to support the injured worker had findings of instability and had motion segment degeneration. Given the above, the request for L3-4, L4-5 anterior lumbar interbody fusion, L3-4, L4-5 posterior lumbar fusion, L3-5 posterior segmental instrumentation, harvest of iliac crest autograft, structural allograft is not medically necessary.

Lumbar corset: 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)-TWC Low Back Procedure.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.