

Case Number:	CM14-0049819		
Date Assigned:	04/21/2014	Date of Injury:	01/14/2011
Decision Date:	05/20/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/17/2014

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 has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 25-year-old female who reported an injury on 01/14/2011, she lifted a bucket of wet sand that weighed approximately 50 pounds and caused a sudden onset of sharp low back pain. The injured worker's treatment history has included physical therapy, lumbar epidural steroid injections, activity modifications, and left L5 through S1 decompression, and medications. The injured worker underwent an EMG/NCV in 07/2012 but documented mild left L5 radiculopathy that was considered chronic. The patient underwent a discogram in 01/2014 that revealed L5-S1 posterior annular tearing considered a grade 4 without significant spinal canal or foraminal stenosis. The injured worker was evaluated on 01/27/2014. It was documented that the injured worker had a 9/10 to 10/10 pain with low back pain and occasional muscle spasming. It was documented that the injured worker admitted to signs of depression and anxiety. The injured worker's diagnoses included chronic pain syndrome, lumbar degenerative disc disease, annular fissure grade 4 at L5-S1, status post microdiscectomy and laminectomy, and intermittent radiculitis. The injured worker's treatment plan included anterior L5-S1 lumbar fusion with instrumentation and autograft and/or allograft.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR L5-S1 LUMBAR FUSION W/ INSTRUMENTATION, USE AUTOGRAFT AND/OR ALLOGRAFT: 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): 307.

Decision rationale: The MTUS/ACOEM guidelines do not recommend fusion surgery in the absence of spinal instability or vertebral trauma. The clinical documentation submitted for review does not provide any evidence that the injured worker has any spinal instability that would require a fusion. Additionally, there is no documentation that the injured worker has undergone a psychiatric evaluation to assess the appropriateness of this surgical procedure for this injured worker. Furthermore, there is no documentation of radicular symptoms or evidence that the injured worker's injury significantly impairs her functional capabilities. Therefore, spinal fusion surgery is not supported. The request for anterior L5-S1 lumbar fusion with instrumentation use of autograft and/or allograft is not medically necessary and appropriate.

3 DAYS IN-PATIENT 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

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.

TLSO BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

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.

WALKER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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.

CO SURGEON; ASSISTANT SURGEON-PA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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.

PRE OPERATIVE COMPLETE BLOOD COUNT (CBC), URINALYSIS (UA), PROTHROMBIN TIME (PT), PARTIAL THROMBOPLASTIN TIME (PTT), BASIC METABOLIC PANEL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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.