

Case Number:	CM14-0211293		
Date Assigned:	12/23/2014	Date of Injury:	12/03/2013
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 45-year-old male who reported an injury on 12/03/2013. The injured worker reportedly suffered a lower back strain while pulling iron rods. Previous conservative treatment includes activity modification, medication management, and physical therapy. The current diagnosis is lytic grade I spondylolisthesis at L5-S1 with stenosis. The injured worker presented on 10/30/2014 with complaints of persistent lower back pain. Upon examination, there was decreased light touch sensation in the bilateral plantar feet, positive straight leg raise on the right, limited lumbar range of motion secondary to pain, and difficulty rising from a seated position. Treatment recommendations included surgical intervention. 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 02/08/2014 which revealed evidence of 2 mm spondylolisthesis of L5 on S1 due to bilateral pars defect at the S1 segment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy L5-S1, posterior lumbar interbody fusion with interbody fusion cage and posterior lateral fusion with pedicle screw instrumentation L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Low Back Chapter

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 indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiological 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, 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. Although it is noted that the injured worker has exhausted conservative treatment, there is no documentation of spinal instability upon flexion and extension view radiographs. There was also no mention of a psychosocial screening prior to the request for a lumbar fusion. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate at this time.

Associated surgical service: 3 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: Pre-op 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: Cybertech Back 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: Purchase Vacutherm Cold Compression 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.