

Case Number:	CM14-0212620		
Date Assigned:	12/30/2014	Date of Injury:	05/20/2012
Decision Date:	02/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/18/2014

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 58-year-old male who reported an injury on 05/20/2012 when he was pinned between 2 trucks. On 04/30/2014, the injured worker presented with constant neck pain radiating to the upper extremity with numbness and tingling. Diagnoses were lumbar disc protrusion and lumbar radiculopathy. On examination of the lumbar spine, there was positive bilateral straight leg raise and tenderness of the lumbar spine with spasm. There was decreased sensation noted to the L5-S1 dermatomes. The injured worker was previously treated with epidural steroid injections, physical therapy and chiropractic therapy. X-ray of the lumbar spine, performed on 07/09/2014, demonstrated multilevel anterior osteophytes and mild to moderate disc space narrowing at the L5-S1 level. An EMG/NCV, dated 07/09/2014, was within normal limits. Provider recommended an anterior/posterior lumbar discectomy, decompression and fusion with instrumentation allograft and bone morphogenetic protein at the L4-5 and L5-S1 levels. Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior/posterior lumbar discectomy decompression and fusion with instrumentation allograft and bone morphogenetic protein at L4-L5 & L5-S1 levels (3 days) (1 of 4): 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 Guidelines (ODG)

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

Decision rationale: The request for Anterior/posterior lumbar discectomy decompression and fusion with instrumentation allograft and bone morphogenetic protein at L4-L5 & L5-S1 levels (3 days) (1 of 4) is not medically necessary. The California MTUS Guidelines state that except for cases of trauma related spinal fracture or dislocation, fusion of the spine is not usually considered during the first 3 months of symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo or conservative treatment. The documentation submitted for review lacked evidence of instability, severe loss of expected disc height or spondylolisthesis to support fusion. Furthermore, the injured worker is an active cigarette smoker, and as a smoker, there is a higher risk of nonunion and the cost of surgical failure is considerable, both in terms of financial and human suffering. As such, medical necessity has not been established.