

Case Number:	CM14-0213545		
Date Assigned:	12/31/2014	Date of Injury:	06/20/2012
Decision Date:	03/05/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/19/2014

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 54-year-old female who reported an injury on 06/20/2011. The mechanism of injury reportedly occurred while pulling a hose in the garden department. On 12/10/2014, the injured worker was seen for low back pain. She had diagnoses of lumbar fracture and lumbar herniated disc. The patient had a compression fracture of L3 and had increased uptake on bone scan signifying a nonunion. On exam, the lower extremity showed plantarflexors and dorsiflexors were weak at 4+/5 bilaterally. This had improved since last visit. The injured worker had significant paraspinal muscle spasms. Sensation was decreased at the level of L3 distribution bilaterally. The CT scan was reviewed, and the patient had a 20% compression at the level of L3. The skin showed an increased uptake at the vertebral body of L3. The treatment plan included the injured worker receiving a fusion from L2-4. It was explained that the injured worker needed to lose some weight, which would help with the success of the surgery. Current medications were evaluated. Medications were giving adequate response. The injured worker was dispensed Tylenol No. 3, tramadol ER 150 mg 1 twice a day as needed for pain, gabapentin 600 mg one 3 times a day as needed for neuropathic pain, naproxen 550 mg 1 twice a day for musculoskeletal pain, cyclobenzaprine 7.5 mg one 3 times a day as needed for muscle spasms and pain, and pantoprazole 20 mg 1 twice a day as needed GI upset due to medications. A request for authorization was made for anterior posterior L2-4 fusion, lumbar back brace, bone stimulator, and walking cane. The patient was not working at this time. The injured worker was to follow-up as needed. Patient had received an MRI of the lumbar spine on 05/10/2013, read by [REDACTED], MD, which was noted to reveal disc osteophyte complexes

from L2-3 to L4-5 and moderate bilateral neural foraminal narrowing at L2-3 and mild bilateral neural foraminal narrowing at L4-5. The Request for Authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior and posterior lumbar fusion L2-L4: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar fusion.

Decision rationale: The request for anterior and posterior lumbar fusion L2-L4 is not supported. The patient has a history of back pain. The Official Disability Guidelines state lumbar fusion should not be considered within the first 6 months of symptoms, except for fracture, dislocation, or progressive neurologic loss. There is lack of documentation of manual therapy interventions. There is lack of documentation of x-rays demonstrating spinal instability. There are no current imaging reports to corroborate the reported nonunion of the L3 compression fracture. Medical necessity has not been established based upon the provided documentation. As such, the request for anterior and posterior lumbar fusion L2-L4 is not medically necessary.

Associated surgical service: Inpatient hospital stay two (2) days: 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 of 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.