

Case Number:	CM14-0064980		
Date Assigned:	08/08/2014	Date of Injury:	01/25/2013
Decision Date:	01/31/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/07/2014

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 Surgeon and is licensed to practice in New Jersey. 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 64-year-old male who reported an injury on 01/25/2013. The mechanism of injury was not provided. An MRI of the lumbar spine, performed on 03/15/2013, revealed multilevel disc osteophyte complexes with associated neural foraminal narrowing and no central canal stenosis noted. On 07/07/2014, he presented for an orthopedic evaluation. The injured worker had complaints of headaches, neck and upper back pain associated with weakness and giving way of the leg, and numbness in the right hand. The examination of the lumbar spine revealed tenderness to palpation noted over the paraspinal muscles and spinous process region. There was tenderness over the sciatic notch, a positive straight leg raise, and restricted range of motion due to pain. The diagnoses were lumbar disc protrusion, lumbar degenerative disc disease, lumbago, and lumbar radiculitis. Prior therapies included epidural steroid injections and physical therapy. The provider recommended anterior and posterior discectomy and decompression and fusion with instrumentation and allograft at the L3-4, L4-5, and L5-S1 levels. There was no rationale provided. The Request for Authorization form was dated 03/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior and posterior discectomy, decompression and fusion with instrumentation and allograft at L 3-4, L4-5, and L5-S1.: 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 request for anterior and psrs discectomy, decompression, and fusion with instrumentation and allograft at L3-4, L4-5, and L5-S1 is not medically necessary. The California MTUS states that spinal fusion is not recommended except in cases of trauma, spinal related fracture, or dislocation. Fusion of the spine is not usually considered for the first 3 months of symptoms. Injured workers with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence of long term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylolisthesis compared with natural history, placebo, or conservative treatment. The injured worker failed initially recommended conservative treatments to include physical therapy, epidural steroid injections, and medications. The injured worker had ongoing complaints of pain related to the low back. The physical examination revealed tenderness to palpation over the paraspinal muscles and spinous process region and tenderness over the sciatic notch. There was a positive straight leg raise and restricted range of motion due to pain. There was no evidence of instability noted upon physical examination, progressing lower leg symptoms, or signs of neural compromise noted. More information is needed to address motor strength deficits. Additionally, official imaging studies were not submitted for review. As such, the medical necessity has not been established.

Pre-op medical clearance.: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Two to three days hospital 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Post operative lumbar brace .: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Post operative cold therapy.: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Six to twelve weeks physical therapy postoperatively: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.