

Case Number:	CM15-0034186		
Date Assigned:	02/27/2015	Date of Injury:	06/02/2011
Decision Date:	05/28/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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 52-year-old male, who sustained an industrial injury on 04/20/2011. The mechanism of injury involved heavy lifting. The injured worker is diagnosed with lumbar disc displacement, lumbar radiculopathy, right rotator cuff tear, right shoulder adhesive tenosynovitis, right shoulder impingement syndrome, left deltoid strain and left rotator cuff sprain/strain. Treatment to date has included oral pain medication and lumbar epidural steroid injection. In a progress note dated 01/26/2015, the injured worker complained of low back and bilateral shoulder pain. Objective findings were notable for decreased and painful range of motion of the lumbar spine, tenderness to palpation, pain with bilateral leg raise bilaterally, positive supine bilateral straight leg raise at 45 degrees and positive Braggard's sign. A request for authorization of transforaminal lumbar interbody fusion at L4-L5 and L5-S1, lumbosacral orthotic brace, routine pre-operative medical workup and 18 post-operative aquatic therapy sessions was made. There was no Request for Authorization Form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Interbody Fusion at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-309.

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: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a 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. In this case, there was no documentation of spinal instability upon flexion and extension view radiographs. There was no evidence of a psychosocial screening completed prior to the request for a lumbar fusion. In addition, there were no official imaging studies provided for this review. Given the above, the request is not medically necessary.

Lumbosacral Orthotic 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.

Routine Pre-Operative Medical Workup: 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.

Post-Operative Aquatic Therapy (18-sessions): 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.