

Case Number:	CM14-0148840		
Date Assigned:	09/18/2014	Date of Injury:	07/03/2013
Decision Date:	10/21/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/12/2014

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 Spine Surgeon and is licensed to practice in Texas. 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 51-year-old male who reported injury on 07/03/2013. The mechanism of injury was the injured worker was lifting heavy beams with 3 coworkers when one of the coworkers dropped his side early. Treatments included physical therapy and medications. The documentation indicated the injured worker underwent an MRI of the lumbar spine on 09/08/2013 which revealed disc bulges at L1-4 with a broad based disc bulge at the L4-5 level with left paracentral disc extrusion indenting the ventral thecal sac with minimal displacement of the left L5 nerve root with disc desiccation and diminished disc height at L5-S1 with a broad based disc bulge and degenerative changes. The injured worker's medications included Tramadol 50 mg 6 to 8 per day and Baclofen 20 mg as needed. Other surgical history included a cholecystectomy in 2011. The injured worker was noted to be a nonsmoker. The documentation of 08/27/2014 revealed the injured worker had been in severe pain. The objective findings revealed plantar flexors and dorsiflexors were weak on the left rated a 4/5. The sensation was decreased at the level of L5-S1 in the distribution of the left leg. The straight leg raise was positive on the left side at 30 degrees with generation of low back and left leg pain. The physician further documented the injured worker had severe collapse at the level of L5-S1 with moderate collapse at the level of L4-5 and significant damage and edema at the endplates of L5 and S1. The treatment plan included an anterior and posterior L4-S1 fusion and decompression. Additionally, the request was made for a bone stimulator and a back brace. There was no Request for Authorization 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, L4, L5, S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Clinicians should consider referral for psychological screening to improve surgical outcomes. Electrodiagnostic studies are not necessary to support a fusion. The clinical documentation submitted for review indicated the injured worker had conservative care. However, there was a lack of documentation indicating an exhaustion of conservative care. There was a lack of documentation of spondylolisthesis and instability for the segment that would be operated on as there were no radiologic findings related to flexion and extension studies. There was a lack of documentation indicating a psychological screening and clearance for surgical intervention. The MRI that was supplied indicated the injured worker had no evidence of central canal stenosis at L5-S1. The findings at L4-L5 revealed disk extrusion without canal stenosis. This request would not be supported. Given the above, the request for Anterior and posterior lumbar fusion, L4, L5, S1 is not medically necessary.

Associated surgical service: Post-operative purchase of a 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: Post-operative purchase of a Bone Stimulator: 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: 2-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.