

Case Number:	CM14-0150610		
Date Assigned:	09/18/2014	Date of Injury:	06/01/1999
Decision Date:	11/03/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/16/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

3/24/14 PR-2 notes insured with back pain. Therapy of chiropractic care reported to give temporary relief. Subsequent treatment with injections provided temporary relief. There was reported instability of L4-5 and failure of conservative treatment to date. 5/6/14 PR-2 notes persistent pain with continued reported instability of L4-5. 8/25/14 PR-2 notes there was 5 mm instability of L4-5 with flexion and extension. Examination noted restricted range of motion with pain on ROM. The insured was recommended for L4-5 anterior interbody fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative clearance prior to lumbar spine surgery: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Low Back, lumbar fusion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Patient Selection Criteria for Lumbar Spinal Fusion

Decision rationale: The medical records provided for review support the insured has segmental instability of the spine that has not improved despite more than 6 months of conservative care including PT, medications, and interventional procedures. ODG supports pre-operative clinical

surgical indications for spinal fusion should include all of the following: (1) All pain generators are identified and treated; & (2) All physical medicine and manual therapy interventions are completed; & (3) X-rays demonstrating spinal instability and/or myelogram, CT-myelogram, or discography (see discography criteria) & MRI demonstrating disc pathology correlated with symptoms and exam findings; & (4) Spine pathology limited to two levels; & (5) Psychosocial screen with confounding issues addressed. (6) For any potential fusion surgery, it is recommended that the injured worker refrain from smoking for at least six weeks prior to surgery and during the period of fusion healing. (Colorado, 2001) (BlueCross BlueShield, 2002). As surgery is supported based on the physical findings under ODG guidelines, pre-clearance evaluation is supported.