

Case Number:	CM13-0002410		
Date Assigned:	11/20/2013	Date of Injury:	09/07/2012
Decision Date:	01/17/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	07/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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:

Recent assessments for review include a 10/30/13 progress report with [REDACTED] indicating ongoing complaints of pain about the low back that has failed conservative care. His chief complaint was that of low back pain with radiating sensory changes into the legs. He is utilizing oral medication. Objective findings demonstrated lumbar tenderness to palpation with restricted range of motion, 5/5 motor tone, equal and symmetrical reflexes, and a sensory deficit to light touch in the bilateral L5 dermatome. Based on failed conservative care including minimal benefit with a repeat epidural injection, an anterior and posterior L5-S1 fusion had been recommended. There is a prior documentation of a request in this case for an L5-S1 fusion to be performed for operative measures. There were no formal clinical imaging reports provided. The records indicate that a 10/24/12 MRI was reviewed that showed disc desiccation and protrusion at the L5-S1 level with left greater than right nerve root impingement. Further imaging was not documented 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 L5-S1 fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG lumbar spine guidelines

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

Decision rationale: Based on California MTUS/ACOEM Guidelines, the proposed one level anteroposterior lumbar fusion at this chronic stage in the claimant's clinical course of care would not be indicated. Formal imaging is unavailable for review to demonstrate evidence of instability. Guidelines recommend fusion for patients who have trauma related spinal fracture or dislocation. The records in this case failed to demonstrate progressive neurologic dysfunction or lumbar instability at the requested surgical level. As such the proposed surgery would not be recommended.

Assistant surgeon: 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.

Pre-operative medical clearance: 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.

Physical therapy x 12 post-operative: 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.