

Case Number:	CM13-0009038		
Date Assigned:	03/19/2014	Date of Injury:	08/03/2010
Decision Date:	06/10/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	08/09/2013

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 Fellowship 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 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:

This is a 64 year old male patient s/p injury 5/4/05. 10/4/13 note identifies that the patient has back pain. The 9/19/13 note identifies that the patient reports a foot drag after walking for some time. The patient has L5 pain with decreased sensation in the L5 distribution. Lumbar spine MRI 5/13/13 showed disc bulges mildly in the L3-4, L4-5 levels. 2/26/14 lumbar MRI report showed L4-5 disc bulging, mild disc protrusion more prominent on the left. This does not appear to result in significant spinal stenosis or foraminal narrowing. L5-S1 is negative. The patient has been treated with activity modification, medication, radiofrequency ablations, and physical therapy. 11/7/13 progress note indicated that the patient has back pain symptoms unchanged. There is decreased sensation in the left L4 distribution. There is documentation of a 7/5/13 adverse determination which cites lack of documentation of associated clinical findings (loss of reflexes, muscle weakness/atrophy, loss of sensation), imaging findings, and at least 1 support provider referral. There is documentation of a 10/9/13 adverse determination related to lack of documentation of subjective findings in the correlating S1 distribution, imaging findings, and evidence of instability.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 LAMINECTOMY, TRANSFORAMINAL LUMBAR INTERBODY FUSION:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; and the AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition.

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

Decision rationale: The California MTUS/ACOEM guidelines states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; 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 failure of conservative treatment. In addition, MTUS/ACOEM guidelines states that 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. In this case, there is no correlating clinical symptomatology in the L5-S1 distribution with findings of S1 nerve root compromise. The lumbar MRI from 2/26/14 was negative for evidence of anatomic nerve root compression at the requested levels. Furthermore, there is no evidence of a condition for which fusion would be indicated. Therefore, the request for L4-S1 Laminectomy, transforaminal lumbar interbody fusion is not medically necessary and appropriate.

X-RAY OF LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines.

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

Decision rationale: The California MTUS guidelines states that lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. In this case, there is no indication for surgical intervention in this patient and there is no evidence of medical necessity for lumbar radiographs. Therefore, the request for X-ray of the lumbar spine is not medically necessary and appropriate.

EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines.

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.

LABS: CBC,BMP, PT, PTT, INR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines.

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.

INPATIENT STAY, 1-2 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines.

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.

X-RAY OF CHEST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 Guidelines.

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.