

Case Number:	CM13-0012128		
Date Assigned:	11/27/2013	Date of Injury:	05/20/2004
Decision Date:	04/10/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/16/2013

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:

The claimant is a 55-year-old gentleman who was injured in work related accident on 05/20/04 sustaining an injury to the low back. November 19, 2013, orthopedic follow up with [REDACTED], indicates ongoing low back complaints with an intermittent history of pain radiating to the left lower extremity with numbness and weakness. It states the claimant is currently utilizing a cane and symptoms have progressively worsened. It states he has failed recent care including epidural injections as well as treatment by [REDACTED], a pain management physician. Physical examination showed tenderness to lumbar palpation with diminished sensory examination to light touch in the "left lower extremity" with no dermatomal distribution noted. Reviewed was a 10/15/13 recent MRI report that showed an L4-5 paracentral disc extrusion resulting in a mass effect on the exiting L5 nerve root with moderate left L4-5 and L5-S1 foraminal stenosis. Based on the above findings, surgical intervention was recommended at that time in the form of a two level lumbar fusion at L4-5 and L5-S1. There was also recommended multiple perioperative requests including a DVT unit, a ComboCare four stimulator unit, a bone growth stimulator, a grabber, a wheeled walker, an LSO brace and a cryotherapy unit as well as assessment with electrodiagnostic studies, preoperative laboratory testing and medical clearance as well as a consultation with a vascular surgeon. The treating physician indicates that the claimant is with prior electrodiagnostic studies from April of 2011 that show a left L4-5 radiculopathy. No other clinical imaging is noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Anterior/Posterior L4-S1 Fusion with Decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on California ACOEM Guidelines, the role of two level anterior posterior lumbar fusion would not be indicated. Though the claimant appears to be with isolated disc findings at the L4-5 level, there is nothing in this case indicating lumbar instability that would support the role of, not one, but a two level fusion for the claimant's recent MRI findings. Low Back Complaints ACOEM Guidelines only indicate the role of lumbar fusion in trauma related spinal fracture dislocation or documented segmental instability. The absence of the above would fail to necessitate the role of the proposed procedure as outlined. Therefore request is not medically necessary.

The request for Post Operative Inpatient Stay 3-5 days: 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.

The request for Pre-Operative Labs and Internal Med 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.

. The request for EMG/NCV (electromyogram and nerve conduction velocity) of Lower Extremities: 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: The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) page 303.