

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0013553 | | |
| Date Assigned: | 10/01/2013 | Date of Injury: | 02/06/2012 |
| Decision Date: | 03/11/2014 | UR Denial Date: | 08/07/2013 |
| 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, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 patient complains of chronic low back pain. He also complains of pain radiating to the lower extremities. The patient's pain started after a fall. MRI of the lumbar spine from 2013 documented decreased disc height at L2-3 there was partial dehydration of disc at L3-4 was also degenerative disc condition L4-5 and L5-S1. There is foraminal narrowing at multiple levels but no evidence of severe spinal stenosis. EMG and nerve conduction study from April 2012 documented no evidence of acute cervical lumbar radiculopathy. The patient has had treatment today to include activity modification, physical therapy, pain management and epidural steroid injections. At issue is whether lumbar surgeries medically necessary at this time. On physical examination he has tenderness to palpation the lumbar spine. Lumbar motion is restricted secondary to pain. He does have some weakness of the EHL and plantar flexion on the right side greater than the left side. Dorsiflexion is also weak.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1-S1 possible L4-L5 posterior lumbar interbody fusion with instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 5/10/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 179.

Decision rationale: This patient clearly does not meet indications for lumbar fusion surgery. Specifically, there is no documented evidence of instability, fracture, or concern for tumor. The patient does not have progressive neurologic deficit. Established criteria for lumbar fusion surgery are not met. This patient has multiple levels of lumbar disc degeneration without evidence of instability, fracture, or tumor. Lumbar fusion surgery is not medically necessary

neural decompression, iliac crest marrow aspiration/harvesting, junctional levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (updated 5/10/13).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 179.

Decision rationale: This patient has not meet established criteria for lumbar decompressive surgery. Specifically, the MRI does not show significant evidence of severe spinal stenosis. In addition neurophysiologic testing shows no evidence of lumbar radiculopathy. Physical examination does not document specific radiculopathy that correlates with MRI imaging studies and neurophysiologic testing. This patient does not have progressive neurologic deficit. There are no indications for lumbar decompressive surgery. Criteria for lumbar decompressive surgery is not met.

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 surgery is not medically necessary, then all other associated items are not needed

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 surgery is not medically necessary, then all other associated items are not needed

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 surgery is not medically necessary, then all other associated items are not needed.