

Case Number:	CM13-0016678		
Date Assigned:	11/06/2013	Date of Injury:	08/31/2004
Decision Date:	01/21/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/26/2013

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 Fellowship Trained in Spine 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 patient is a 67-year-old female who reported an injury on 08/31/2004. The patient has a history of low back pain radiating to the bilateral lower extremities. The patient has MRI evidence of a central right paramedian and right foraminal disc protrusion at L4-5 displacing the exiting right L4 nerve root with normal canal, lateral recesses, and neural foramen. The patient has diagnoses to include diabetes, depression, hypertension, and chronic back pain. The patient has 4-/5 right dorsiflexion and plantar flexion strength with diminished sensation in the anterior shin of the right lower extremity. The claimant also has absent right ankle reflex. The patient has been recommended for lumbar decompression with possible fusion procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

decompression of L4-5 with discectomy, facetectomy and possible fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The ACOEM guidelines state that "Patients with increased spinal instability (not work related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long term effectiveness of

any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. 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. It is important to note that although it is being undertaken, lumbar fusion in patients with other types of low back pain very seldom cures the patient." The documentation submitted for review indicates the patient has a disc bulge at L4-5. However, there is lack of any evidence of instability or significant stenosis to warrant a wide enough decompression to destabilize the spine warranting possible fusion procedure. In addition, there is no psychosocial evaluation submitted for review in accordance with ACOEM Guideline recommendations, especially in light of the patient's depression diagnosis. Given the above, the request for decompression of L4-5 with discectomy, facetectomy, and possible fusion is non-certified.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians as Assistants at Surgery: 2011 Study.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

request for a three (3) day inpatient stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

request for a lumbar aspen LSO brace post op: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.