MAXIMUS Federal Services

Case Number:	CM13-0017761		
Date Assigned:	12/27/2013	Date of Injury:	12/12/2011
Decision Date:	02/28/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/28/2013

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 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 reported chronic back pain and underwent L3 microscopic laminotomy in May 2012. Physical examination showed 4 minus over 5 tibialis anterior, EHL strength and decreased L4-5 and L5-S1 sensation. EMG nerve conduction study done on May 30, 2013 showed left L4-S1 nerve root changes suggestive of residual pathology. Lumbar MRI showed L4 hemilaminotomy and L3-4 disc bulge causing minimal narrowing of the right and left neural foramina. At L4-5 there was minimal disc bulge with no significant stenosis. At L5-S1 there was minimal disc bulge with no significant stenosis. The radiologist does not report significant nerve root impingement on the imaging study official read. The neurophysiologic testing suggest at L4 and S1 changes are residual pathology rather new radiculopathy. At issue is whether spinal decompression and fusion surgery a medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior decompression L4-5, L5-S1 with possible stabilization: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guidelines or Medical Evidence, MTUS, page 307, Spinal Fusion.

Decision rationale: This patient does not meet established criteria for lumbar decompressive or fusion surgery. Specifically, the patient does not have a documented significant neural compression on MRI imaging study. The official read by the radiologist indicates that there was no significant spinal stenosis in the lumbar region. There is no significant nerve root compression on the MRI imaging. In addition the MRI imaging does not correlate with specifically documented lumbar radiculopathy. Criteria for lumbar decompression are not met. Criteria for lumbar fusion or also not met. There is no evidence of documented instability, fracture, or concern for tumor. The patient has no red flag indicators for spinal fusion surgery. This patient does not meet established criteria for lumbar decompression and fusion surgery.

Labs: 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.

EKG: 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.

Spinal Monitoring: 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.

Length of stay x1: 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.