

Case Number:	CM13-0019457		
Date Assigned:	10/11/2013	Date of Injury:	08/30/2012
Decision Date:	01/16/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/03/2013

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 physical medicine and rehabilitation, 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.

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 54-year-old who reported an injury on 08/30/2012. He is noted to have previously undergone a bilateral L4 and L5 hemilaminectomy with discectomy and excision of extruded disc fragment and decompression of the nerve root on 02/12/2013. On 03/12/2013, the patient was diagnosed with postlaminectomy instability and recurrent disc herniation at L4-5 and underwent an anterior interbody fusion at L4-5 with revision of the L4-5 decompression and placement of hardware. The patient is noted on 03/28/2013 to report all of his back pain was gone and his right foot was great. He reported some left lower extremity pain and noted throbbing pain at night. The patient is noted to complain of nausea and projectile vomiting and to have been seen in the emergency room and to have been diagnosed with constipation. He reported that his lumbar pain stayed around 7/10 to 8/10. On 04/26/2013, he reported his lumbar pain remained around 7/10 to 8/10 and noted that his testicles were starting to hurt again. He was reported to have started postoperative physical therapy. He is reported to continue to complain of worsening pain in his low back to the groin and left thigh. He is noted to have undergone Medrol Dosepak and to have started physical therapy. On 05/24/2013, he was reported to have had no relief. He is noted, on physical exam, to have normal reflexes, sensory, and power testing of the bilateral upper and lower extremities with an antalgic gait, no signs of atrophy, minimal lumbar tenderness, and negative femoral stretch testing. X-rays of the lumbar spine performed on 05/24/2013 noted status post anterior fusion at L4-5 with normal postoperative alignment and good position of operative internal fixation hardware. The patient underwent an MRI with and without contrast on 06/14/2013 that noted the patient was status post discectomy and anterior fusion at L4-5; there was a lack of significant incorporation of the graft and new bone formation as far as c

IMR ISSUES, DECISIONS AND RATIONALES

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

An explore fusion, L3 - S1 decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar and Thoracic (Acute & Chronic) and Fusion (Spinal) sections.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines recommends a lumbar decompression for patients with complaints of radiculopathy that are confirmed by objective findings on physical examination that are corroborated by imaging that have failed to improve with conservative treatment. The patient is noted to have undergone postoperative physical therapy and treatment with Medrol Dosepak; however, his complaints of left lower extremity pain do not corroborate with findings on physical exam of decreased sensation in the right lower extremity and there is no indication that the patient has undergone significant conservative treatment in an effort to avoid additional surgery. He is noted to have undergone a few sessions of postoperative physical therapy and treatment with medications. In addition, there is no rationale given for the exploration of the fusion. Based on the above, the requested surgery is not medically indicated. The request for an explore fusion, L3 - S1 decompression is not medically necessary or appropriate.

A one-day 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

Surgical assistant: 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.

Post-operative physical therapy, twice per week for six weeks: 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.