

Case Number:	CM13-0019628		
Date Assigned:	05/21/2014	Date of Injury:	06/22/2011
Decision Date:	06/09/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 65-year-old gentleman who injured his low back on June 22, 2011. The records available for review include an MRI report dated July 29, 2013 that showed a 3 millimeter anterolisthesis of L4 on L5 with disc desiccation and a disc protrusion. Signal change was noted at the L5-S1 disc with disc spur complex and no nerve root impingement. Notes from an evaluation dated August 2, 2013 documented restricted lumbar range of motion, with 5/5 motor strength, equal and symmetrical reflexes, and diminished sensation along the right lateral leg. During a follow-up clinical visit dated September 6, 2013, the claimant was described as having failed conservative care. Lumbar radiographs showed flexion and extension instability at the L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR INTERBODY FUSION WITH POSTERIOR DECOMPRESSION INSTRUMENTATION AND FUSION L4-S1: Upheld

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

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

Decision rationale: While the claimant is noted to have anterolisthesis of L4 on L5, there is no documentation of segmental instability or compressive process at the L5-S1 level to support the need for a two-level procedure. This request, therefore, would not be supported as medically necessary as stated.

3 DAY HOSPITAL 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.

CO-SURGEON FOR ANTERIOR APPROACH: 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.

ASSISTANT SURGEON FOR POSTERIOR: 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.

ONE UNIT AUTOLOGOUS BLOOD: 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.