

Case Number:	CM13-0021529		
Date Assigned:	11/13/2013	Date of Injury:	05/26/2011
Decision Date:	01/10/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/09/2013

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 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 claimant is a 51 year old female who sustained an injury to the low back in a work related accident on May 26, 2011. The recent clinical assessment for review includes August 26, 2013 progress report [REDACTED] stating that the claimant reported continued complaints of pain about the low back with radiating left sided leg pain despite conservative care. The information revealed that the claimant is a two pack per day smoker that recently weaned to four cigarettes per day. Her physical examination findings were noted to be "grossly unchanged." A request for a two level laminectomy and interbody fusion that had been denied due to the claimant's smoking status was referenced. The claimant's last assessment with physical examination findings was noted to be from June 10, 2013 where the claimant had restricted range of motion and "guarding." The examination of May 13 and July 1 were noted to be "grossly unchanged." The clinical imaging included radiographs of January 22, 2013 showed no documented findings other than "mild scoliosis." Also reviewed was the MRI report March 14, 2013 that showed prior postoperative changes at L4-5 and L5-S1 with fibrosis along the left side of the thecal sac with no evidence of recurrent disc protrusions. There was foraminal stenosis noted on the left at L5-S1 and degenerative changes at L4-5. The recent treatment included medication management, activity restrictions and therapy. Prior surgery included L4-5 and L5-S1 discectomy in August 2011. There is a request for a two level interbody fusion with a one day inpatient length of stay, with request for an assistant surgeon, consultation with a co-surgeon, preoperative medical clearance to include lab work, EKG and chest X-ray and the purchase of a lumbar brace and bone growth stimulator for postoperative use.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5-S1 Interbody fusion(ALIF): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 307.

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

Decision rationale: CA MTUS ACOEM states, "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". Based on the CA MTUS ACOEM Guidelines Interbody Fusion at the L4-5 and L5-S1 level would not be indicated. The clinical records for review fail to demonstrate specific compressive pathology at the L4-5 and L5-S1 levels, there is no documented evidence of instability, and examination findings do not support the presence of a clinical radicular process. Based on all of these things, the requested L4-5 and L5-S1 anterior lumbar interbody fusion cannot be recommended as medically necessary.

1 Day in-patient 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: 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.

Consultation with Co-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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op medical clearance (Labs, EKG, Chest x-ray): 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.

Lumbar back brace purchase: 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.

Bone growth stimulator- purchase: 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.