MAXIMUS Federal Services

Case Number:	CM13-0022660		
Date Assigned:	11/13/2013	Date of Injury:	06/24/2011
Decision Date:	01/16/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/10/2013

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 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's date of injury is June 24, 2011. The mechanism of injury is not documented in the clinical records submitted with this request. The patient complains of worsening back pain, leg pain, numbness and weakness. The low back pain is constant and the leg pain is reported as being intermittent. The back pain is described as aching, stabbing, and pins and needles. Physical activity aggravates the back pain. The patient is a nonsmoker. Physical examination reveals painful palpation over the lumbar L5-S1 region. Range of motion of the back was limited because of pain. Motor strength was 4/5 in the bilateral gastrocsoleus complex. The remainder of the bilateral lower extremities have normal motor strength. Straight leg rising is positive in the bilateral lower extremities. Extension of the back at 60 causes pain in the legs. There is no psychosocial evaluation documented in the clinical records. The patient has been diagnosed with a herniated lumbar disc at L5-S1, severe discogenic pain with disc degeneration and collapse at L5-S1 along with mild scoliosis. The patient has had physical therapy and chiropractic treatments. The patient had bilateral medial branch block at L4-5 and L5-S1 which was not very helpful in reducing pain. MRI imaging of the lumbar spine from June 2013 documented worsening collapse with severe discogenic degenerative changes and endplate changes at L5-S1. Flexion-extension radiographs do not document greater than 5 mm of motion and instability at L5-S1. At issue is whether spinal surgery of the anterior and posterior lumbar fusion, decompression and instrumentation at L5-S1 with neural monitoring is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar fusion decompression instrumentation L5-S1 with neuromonitoring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back

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

Decision rationale: This patient does not have a documented neurologic deficit in the bilateral lower extremities that corresponds with MRI imaging of specific compressed nerve roots in the lumbar spine. In addition, the physical examination does not document a specific neurologic deficit in the legs. With respect to lumbar fusion, there is no evidence of significant instability (greater than 5 mm of motion on flexion-extension films), fracture, or concern for tumor. The patient does not meet established criteria for lumbar decompression and fusion surgery at this time. Lumbar fusion surgery for degenerative disc condition in patients without significant radiographic instability is not more likely than conservative operative measures to relieve axial back pain symptoms. Criteria for lumbar decompression and fusion are not met at this time. The request for posterior lumbar fusion decompression instrumentation L5-S1 with neuromonitoring is not medically necessary and appropriate.

Anterior lumbar fusion decompression instrumentation L5-S1 with neuromonitoring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back

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

Decision rationale: This patient does not have a documented neurologic deficit in the bilateral lower extremities that corresponds with MRI imaging of specific compressed nerve roots in the lumbar spine. In addition, the physical examination does not document a specific neurologic deficit in the legs. With respect to lumbar fusion, there is no evidence of significant instability (greater than 5 mm of motion on flexion-extension films), fracture, or concern for tumor. The patient does not meet established criteria for lumbar decompression and fusion surgery at this time. Lumbar fusion surgery for degenerative disc condition in patients without significant radiographic instability is not more likely than conservative operative measures to relieve axial back pain symptoms.

Pre-op Medical Clearance: 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.

Inpatient stay 7 days: 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: 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.

Vascular 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.