

Case Number:	CM13-0023597		
Date Assigned:	11/15/2013	Date of Injury:	08/24/2012
Decision Date:	03/26/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	09/12/2013

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, has a subspecialty in Spinal 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.

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 fireman who suffered injuries from work related injury on August 24, 2012. He had multiple orthopedic injuries and has back pain. An MRI of the lumbar spine from April 2013 reveals L1 to dehydration of the disc with a 2 mm disc protrusion, L2-3 disc degeneration, there is disc degeneration at the superior endplate of L4 with disc degeneration L3-4 disc. At L4-5 there was also disc degeneration with a 4 mm protrusion. At L4-5 there is foraminal stenosis with compromise of the exiting nerve roots bilaterally. There is right lateral recess stenosis at L4-5. At L5-S1 there is disc degeneration with 3 mm bulge. Electrodiagnostic studies from May 2013 showed carpal tunnel syndrome. There is no evidence of cervical lumbar radiculopathy. The patient has had conservative measures to include medications, activity modification, physical therapy, and pain management. Patient had L3-4 lumbar decompression and a series of lumbar epidural blocks all without success.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a L3-L5 posterior lumbar interbody fusion with instrumentation, neural decompression, and iliac crest marrow aspiration/harvesting, possible junctional levels:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient has not been established criteria for lumbar fusion surgery. Specifically, the patient does not have any documented instability on imaging studies. The patient also has normal neural physiologic testing demonstrating no evidence of radiculopathy in the lumbar spine. There are no red flag indicators for lumbar fusion surgery such as rupture, tumor, instability, or progressive neurologic deficit. Established criteria for lumbar decompression and fusion surgery are not met in this case. There is no medical necessity for lumbar interbody fusion surgery, decompressive surgery, or iliac crest bone grafting. Lumbar decompressive surgeries not medically necessary because the neurophysiologic testing did not demonstrate any evidence of lumbar radiculopathy. Fusion surgery is not medically necessary because of multiple levels of lumbar degeneration documented on imaging studies without instability.

The request for a front wheel walker: 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.

ice unit: 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.

TLSO: 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.

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