

Case Number:	CM13-0026253		
Date Assigned:	11/22/2013	Date of Injury:	06/02/1997
Decision Date:	01/16/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/18/2013

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 is a 53-year-old male who was injured in June 1997. In August of 2013 a neurosurgical consultation noted that the patient had ongoing complaints of low back pain. The patient is receiving disability benefits. The patient has had treatment to date including pain medications and chiropractic manipulation. The patient has had multiple cervical spine surgeries. The patient reports severe neck pain, upper and mid back pain, as well as low back pain. The patient also complains of pain in the right upper extremity. The patient's pain is aggravated with physical activity. The patient has a medical history significant for a sleep disorder, anxiety, depression, irritability, and chronic pain. MRI of the thoracic spine shows degenerative changes with disc space narrowing at T1-T2 and T10-11 levels. The patient's back pain is located in the lumbar area, the thoracic area, and the upper back. He does report some right and left leg pain. Back pain is described as aching, burning, tearing, and throbbing. The severity of the pain is a 6 on a scale of 1-10 with 10 being the worst. The patient had an MRI of the lumbar spine on April 15, 2013. The MRI shows lumbar disc degenerative changes at the L3-4, L4-5, and L5-S1 levels. Specifically, at L3-4 there was no reported spinal canal narrowing, at L4-5 there was a small annular tear and moderate spinal canal narrowing. At L5-S1 there is a left lateral disc protrusion with left foraminal narrowing but no central spinal canal narrowing or right-sided foraminal narrowing. The patient takes Duragesic patches and reports incomplete relief of pain. He also takes fentanyl patches, nortriptyline, and a Lidoderm patch for his pain. Physical exam reported tenderness to palpation of the lumbar paraspinal muscles. There is no reported neurologic deficit in the lower extremities. The patient has had multiple surgical procedures in the cervical spine including discectomy, fusion, and hardware removal. He has chronic nec

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy and discectomy at L3-L4, L4-L5, and L5-S1 with posterior interbody fusion, implantation of spinal cages, and posterior instrumentation with interspinous fixation devices combined with posterolateral fusion: Upheld

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

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

Decision rationale: This patient does not meet established criteria for lumbar decompression and fusion surgery at this time. Specifically, there is no documented neurologic deficit in the lower extremities mentioned in the medical records. The imaging studies do not show any evidence of neural compression that is correlated with a specific neurologic deficit on physical examination. There is also no documented radiographic evidence of instability. There are also no red flag indicators for spinal surgery to include fracture, tumor, or progressive neurologic deficit. Fusion surgery performed in patients without evidence of instability and with multiple levels of lumbar disc degeneration on imaging studies is not more likely than conservative measures to relieve chronic back pain symptoms, according to the ACOEM Guidelines. The existing literature does not support the use of multilevel fusion surgery for discogenic back pain. The request for Lumbar laminectomy and discectomy at L3-L4, L4-L5, and L5-S1 with posterior interbody fusion, implantation of spinal cages, and posterior instrumentation with interspinous fixation devices combined with posterolateral fusion is not medically necessary and appropriate.

3 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.

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.

