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| Case Number: | CM13-0028570 | | |
| Date Assigned: | 11/27/2013 | Date of Injury: | 09/22/2005 |
| Decision Date: | 02/03/2014 | UR Denial Date: | 08/30/2013 |
| Priority: | Standard | Application Received: | 09/23/2013 |

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 Orthopaedic 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 patient is a 46-year-old male who reported an injury on 09/25/2005 resulting in diagnosis of lumbago and lumbar disc disease with myelopathy. The patient has been conservatively treated with medications, physical therapy, and epidural steroid injections. The patient underwent a discography in 09/2011 which demonstrated severe pain at the L3-4 with a posterior annular tear with disc bulge. A grade II annular degeneration with extension at the L4-5 was also identified. The patient underwent an MRI that revealed a disc protrusion at the L1-2 abutting the thecal sac, a disc protrusion at the L2-3 indenting on the thecal sac, ligamentum flavum hypertrophy at the L2-3 and disc protrusion at the L3-4 abutting the thecal sac, a disc protrusion at the L4-5 abutting the thecal sac, and multilevel facet hypertrophy with spinal canal narrowing and bilateral neural foraminal narrowing. The patient's most recent clinical evaluation revealed low back complaints rated at 5/10 and left leg pain complaints rated at a 6/10 exacerbated by prolonged activities. The patient had 4/5 strength of the extensor hallucis longus and diminished sensation to light touch over the dorsum of the foot, and a straight leg raising test positive at 50 degrees on the left. The patient's diagnoses included lumbago and lumbosacral disc disease with myelopathy, intractable low back pain, clinical lumbar radiculopathy, and discogenic low back pain at the L3-4 level confirmed on discogram. The patient's treatment plan included an anterior lumbar interbody fusion at the L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion at L3-4: 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: The requested anterior lumbar interbody fusion at the L3-4 is not medically necessary or appropriate. The clinical documentation does provide evidence that the patient has radiculopathy. This is supported by decreased EHLs on the left side, a left sided straight leg raising test at 50 degrees, and diminished sensation to light touch over the dorsum of the foot. However, these indicate deficits in the L4-5 dermatomes. The requested procedure is for the L2-3 dermatome. The documentation does support that the patient had a discogram that revealed pain at the L3-4. However, as these results are not supported by physical findings an interbody fusion would not be indicated. Additionally, the American College of Occupational and Environmental Medicine states, "Patients with increased spinal instability after surgical decompression at the level of degenerative spondylosis may be candidates for fusion. The documentation does not include any indication of spinal instability that has failed to respond to other surgical intervention at the requested level. As there is no indication that the patient has physical findings correlating with the requested L3-4 dermatome and there is not indication of previous failed surgical intervention, the requested fusion surgery at the L2-3 level is not medically necessary or appropriate.

Preoperative 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.

Postoperative rehabilitation - 12 sessions (2x6) for the lumbar spine: 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.

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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.

Standard lumbar 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.

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.

Home health care three (3) hours/day, six (6) days/week for four (4) weeks: 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.