

Case Number:	CM13-0029335		
Date Assigned:	11/01/2013	Date of Injury:	05/01/2012
Decision Date:	01/24/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/26/2013

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 patient is a 21-year-old male who suffered a vocational related injury on 05/05/12. Records reflect that he has continued to complain of pain in the low back radiating to both lower extremities. The request is to determine the medical necessity of the proposed L3-4 TLIF and posterior lumbar interbody fusion associated with an assistant surgeon. Records reflect that this gentleman has complaints of back and bilateral lower extremity pain. According to neurosurgical evaluation, he has 4/5 strength in his quadriceps and bilateral lower extremity tingling. Neurosurgical interpretation of the magnetic resonance imaging (MRI) scan form 08/10/10 reportedly showed degenerative changes of the L3-4 and associated with neuroforaminal stenosis. The radiologist's interpretations from that report, however, describe no evidence of neurocompression at that level. Records reflect treatment, which has included physical therapy, chiropractic and medical management and injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 TLIF (Transforaminal Lumbar Interbody Fusion): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Treatment of low back conditions - Spinal Fusion for non-specific chronic low back pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307.

Decision rationale: The evidence based MTUS Guidelines indicate that spinal fusions are reserved for individuals with compelling indications such as progressive neurologic deficit, tumor, or infection and/or in the face of structure instability. Records in this particular case, although suggestive of the possibility of lower extremity radiculopathy, do not reveal any evidence of structural instability. Although, the employee has evidence of degenerative changes at this level, the evidence based guidelines are quite clear to the extent that the spinal fusion is not indicated in that setting. As such, in consideration of all the information provided, I would support the adverse determination in this particular case as there is no clear indication of structural instability and/or compelling indication for spinal fusion in the context of the ACOEM and MTUS Guidelines.

PSF/PSI: 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.