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| Case Number: | CM13-0030765 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 12/16/1999 |
| Decision Date: | 02/18/2014 | UR Denial Date: | 09/25/2013 |
| Priority: | Standard | Application Received: | 10/01/2013 |

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 Spine Surgery and is licensed to practice in Texas and 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 67 year old male who reported a work related injury on 12/15/1999, specific mechanism of injury not stated. Subsequently, the patient presents for treatment status post L4-5 interbody fusion with instrumentation as of 2000, onset of back and radiating left thigh pain likely secondary to L3-4 adjacent disc disease and stenosis and nerve root impingement. MRI of the patient's lumbar spine dated 04/24/2013 signed by [REDACTED] revealed: (1) status post discectomy, laminectomy, and posterior fusion of L4 and L5. Evaluation of this level was limited due to artifact; however, there appeared to be no significant central canal stenosis; (2) the evaluation was limited at L3-4 due to artifacts; however, there appeared to be severe central stenosis at this level due to disc bulge and ligamentum flavum hypertrophy; (3) mild degenerative changes at other levels. The clinical note dated 09/03/2013 reports the patient was seen under the care of [REDACTED] for the patient's continued complaints of low back pain with radiating left thigh pain. The patient reports pain continues to be debilitating. The patient is status post undergoing medial branch blocks without improvement of his symptomatology. The patient utilizes oxycodone 10/325 1 by mouth every 6 hours, OxyContin 10 mg 1 tab every AM 1 tab every at bedtime, metformin, Glyburide, furosemide, Crestor, and aspirin. The provider documented upon physical exam of the patient, motor strength was intact throughout. The patient had positive straight leg raise on the left and decreased sensation along the L3 distribution. The provider documented a recommendation for the patient to undergo an extension of at his fusion to the L3-4 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Basic Metabolic Panel (BMP): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: The current request is not supported. The provider documents the patient presents with severe central stenosis at the L3-4 level and the provider is recommending an extension of the patient's fusion. However, the current submitted request is for an L4-5 fusion. Therefore, as the provider's recommendations do not correlate with the submitted requested operative procedure, the request for BMP is not medically necessary or appropriate.

Occult Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: The current request is not supported. The provider documents the patient presents with severe central stenosis at the L3-4 level and the provider is recommending an extension of the patient's fusion. However, the current submitted request is for an L4-5 fusion. In addition specific duration and frequency of therapy was not submitted. Therefore, as the provider's recommendations do not correlate with the submitted requested operative procedure, the request for occult therapy is not medically necessary or appropriate.

L4-L5 fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The current request is not supported. The provider documents the patient presents with severe central stenosis at the L3-4 level and the provider is recommending an extension of the patient's fusion. However, the current submitted request is for an L4-5 fusion. Additionally, California MTUS/ACOEM indicates before referral for surgery, physicians should

consider referral for psychological screening to improve surgical outcomes. Therefore, as the provider's recommendations do not correlate with the submitted requested operative procedure, the request for L4-5 fusion is not medically necessary or appropriate.