

Case Number:	CM13-0031038		
Date Assigned:	12/04/2013	Date of Injury:	04/16/2007
Decision Date:	01/16/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/02/2013

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 claimant is a 52-year-old gentleman who was injured in a work related accident on April 16, 2007 sustaining an injury to the mid back. The clinical records provided for review include a recent progress report of November 4, 2013 indicating ongoing complaints of low and mid back pain. It indicates on that date the request for thoracic spine surgery is pending as the thoracic spine currently is not part of the claim. It states in regards to the claimant's low back, he is status post an L4-S1 fusion in September of 2009. Current physical examination findings showed tenderness at the thoracolumbar junction with muscular guarding. Neurologic examination showed no motor, sensory or reflexive change with the upper or lower extremities. Straight leg rising was positive bilaterally for radicular symptoms in the low back. The claimant's current diagnosis was that of degenerative disc disease to the lumbar spine with radiculitis. Medication management was continued. Clinical imaging in regards to the claimant's lumbar spine states a prior CT scan of December 2012 showed disc degeneration and spondylosis from T10 through T12 level with moderate degenerative spinal stenosis at T11-12. Further imaging is not documented. As stated, conservative care has included recent medication management, prior lumbar surgery, injection therapy and physical medicine. The claimant had been recommended surgery in the form of a T11-12 anterior thoracic decompression and interbody fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior Thoracic Decompressive Discectomy with Extreme Lateral Interbody Fusion and Plating T 11-12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183. Decision based on Non-MTUS Citation Official Disability Guidelines Lumbar & Throacic (Acute & Chronic.)

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

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guideline criteria, thoracic fusion would not be indicated. At present, the claimant is not with recent clinical imaging demonstrating instability at the T11-12 region with progressive neurologic dysfunction on examination. The absence of the above would fail to necessitate the role of the thoracic fusion procedure at this chronic stage in the claimant's clinical course of care. The request for anterior thoracic decompressive discectomy with extreme lateral interbody fusion and plating T11-12 is not medically necessary and appropriate.

Neuromonitoring: 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.

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.

Pre-op 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.