MAXIMUS Federal Services

Case Number:	CM13-0034379		
Date Assigned:	12/06/2013	Date of Injury:	07/02/2010
Decision Date:	01/30/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/15/2013

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:

This is a 41-year-old male who reportedly suffered an injury to his back on 07/02/10. Records reflect that he has undergone previous two level discectomy (L4-5 and L5-S1) in August of 2011. Records include a series of office notes from [redacted], the spine surgeon. The records cover dates from January of 2013 through 09/19/13. The records include reference to diminished strength in the tibialis anterior and extensor hallucis longus, although normal strength in the gastroc soleus complex is reported. The records do not include the report of the actual MRI scan, although the MRI scan is referenced in the clinical records. Reportedly, there are degenerative changes at the level of the previous discectomy, which resulted in some degree of neuroforaminal stenosis.

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 L5-S1 and L5-S1 with residual disc removal:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The lumbar fusion would not be considered reasonable and medically necessary in this particular case. The CA MTUS Guidelines specifically state that lumbar fusion is reserved for individuals with structural instability and/or compelling indications such as progressive neurologic deficit, tumor, or infection. While the records show some apparent degeneration in this gentleman's clinical function over the course of the nine months of the clinical records provided, they did not show a progressive deficit. As such without the documentation of structural instability, the request for lumbar fusion would not be considered reasonable and medically necessary.

NCV/EMG of the lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 303.

Decision rationale: The request for EMGs in this particular case would be considered reasonable and medically necessary. The MTUS and ACOEM Guidelines suggest that EMGs can be of benefit in order to determine if there is a clear evidence of nerve compression. In this particular case, this gentleman's treating provider believes that the pathology is only at the L5-S1 level, yet this gentleman has weakness of the extensor hallucis longus and tibialis anterior, which should suggest more likely pathology at the L4-5 level. EMGs could prove beneficial in helping to sort through this claimant's complaints, and as such, it would appear that this request would be reasonable and medically necessary.