

Case Number:	CM13-0035810		
Date Assigned:	12/13/2013	Date of Injury:	01/18/2012
Decision Date:	03/12/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/17/2013

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 New Hampshire, New York, and Washington. He/she has been in active clinical practice for more than five years and is currently working least at 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:

MRI from March 30, 2012 describes mild degenerative disc changes with retrolisthesis and a 6 mm extruded disc impinging on the anterior thecal sac at L4-5. At L4-5 there was bilateral foraminal stenosis. At L5-S1 there is significant disc degeneration and bilateral neuroforaminal stenosis. The patient reports pain into his right testicle and down his left calf. Physical examination showed reduced range of motion of the lumbar spine. Patient had left 4/5 gastrocnemius strength. Straight leg raising was negative. Sensation was diminished in the left S1 dermatome. Some calf atrophy was noted. Patient was treated with Tylenol and a lumbar support. Home exercise therapy was recommended. There is no documentation in the chart of this completion of a recent significant course of physical therapy. At issue is whether lumbar laminectomy and fusion surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy L4-S1 with posterior lumbar interbody fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

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

Decision rationale: This patient does meet established criteria for two-level decompression and fusion surgery at the lumbar spine. Specifically, there is no evidence of frank instability on any imaging study. The patient has no red flag indicators for spinal surgeries such as concern for tumor, fracture, or worsening neurologic deficit. In addition, the medical records do not include concrete evidence that the patient has had a significant trial and failure of conservative measures to date to include physical therapy. There is not documentation of her recent 6 week history of physical therapy. Guidelines for surgical fusion and decompression of the lumbar spine are not met in this case. When considering criteria for limited decompression only, more conservative measures must be tried, failed, and documented.

Inpatient stay 5 days: 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.

Cybertech back brace: 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.

Cold compression unit: 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.

Bone growth stimulator for post-operative treatment of 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.