

Case Number:	CM13-0036152		
Date Assigned:	12/13/2013	Date of Injury:	01/17/2012
Decision Date:	01/30/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/18/2013

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 Orthopedics 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 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 31-year-old male who sustained an industrial injury on January 17, 2012. The patient has been treated with physical therapy, medications, and a lumbar epidural steroid injection. MRI the lumbar spine from March 2012 demonstrates posterior facet arthropathy at L5-S1 with small disc bulge and mild foraminal narrowing but no spinal stenosis. The patient complains of back pain radiating down to the left foot. On physical examination the patient has decreased sensation on the left S1 dermatome, 4-5 strength of the left S1 dermatome, and a positive straight leg raise on the left. A repeat lumbar MRI was performed in July 2013 and shows chronic lumbar disc degeneration at L5-S1 associated with a broad-based dorsal disc spur complex. Bilateral foraminal but no central stenosis was noted at that level. There is also mild spondylosis at L1-2. X-rays lumbar spine from July 2013 show mild L5-S1 disc space narrowing with trace listhesis. No abnormal motion on flexion-extension views was detected. At issue is whether lumbar fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior lumbar interbody fusion L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low Back Chapter.

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: This patient does not meet established criteria for lumbar fusion at this time. Specifically there is no documented instability at L5-S1 and the patient has no red flag indicators for spinal fusion surgery such as tumor, fracture, or worsening severe neurologic deficit. The records indicate that the patient has had lumbar flexion-extension radiographs his radiographs do not reveal significant lumbar instability at the L5-S1 segment. Lumbar fusion surgery for degenerative disc condition with chronic back pain is not more likely than conservative measures to relieve symptoms of low back pain according to the current peer-review literature. Established ODG and MTUS guidelines for lumbar fusion are not met at this time.

Three (3) night inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low Back Chapter.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

LSO back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.