

Case Number:	CM13-0039493		
Date Assigned:	12/18/2013	Date of Injury:	03/04/2013
Decision Date:	02/10/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/28/2013

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. He/she The physician reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in New Hampshire and New York.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 30-year-old male who had L5-S1 laminotomy decompression on June 6, 2013. The patient continues to have back pain radiating to the left leg. Physical examination is reportedly within normal limits and shows no neurologic deficit. Lumbar spine MRI from August 9, 2013 reveals the left L5-S1 disc protrusion from the previous study. There is postsurgical scarring and possible recurrent disc material. There is a slight abutment of the left S1 nerve root. The mass effect on the left ventral thecal sac is significantly decreased compared to the previous study from March 2013. Current diagnoses include left L5-S1 degenerative disc disease (DDD) with radiculopathy. Treatment to date includes physical therapy x12 sessions, activity modification, and medications. At issue is whether left L5-S1 trans-foraminal lumbar interbody fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 transforaminal lumbar interbody fusion with instrumentation w/pre-op clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, and AMA Guides.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: This patient does not meet establish criteria for lumbar decompression and fusion surgery. Specifically, there is no documented lumbar instability. There is no documented concern for tumor, fracture, or worsening neurologic deficit. In fact, repeat MRI imaging shows improvement in degree of spinal stenosis at the L5-S1 level. There is L5-S1 disc degeneration with back pain, but fusion surgery has not been shown to be more effective than non-operative measures for the treatment of degenerative disc condition and back pain. The patient does not have a documented neurologic deficit on physical examination. The patient does not have documented correlation between imaging studies and physical examination findings with respect to radiculopathy. Given the fact that there is no instability and no documented radiculopathy, lumbar transforaminal interbody fusion surgery is not medically necessary. Criteria are not met.

Psych 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.

X-rays of the lumbar spine (ap/lat/flexion/extension): 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. The patient has had 2 MRIs of the lumbar spine and the second MRI shows improvement when compared to the first. In addition the patient's diagnosis is very clear from the MRI imaging studies. Patient has a normal physical examination. There is no neurologic deficit. Radiographs of the lumbar spine are not medically necessary

Bone growth stimulator: 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 therapy unit rental X 14 days with pad purchase: 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.

LSO brace, front wheel walker, 3 in 1 commode, and shower bench: 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.

Post-op PT 3X4=12: 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.