

Case Number:	CM13-0042163		
Date Assigned:	03/28/2014	Date of Injury:	01/23/2001
Decision Date:	05/27/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 51-year-old gentleman who was injured 01/23/01 sustaining injury to the low back. Previous clinical imaging for review includes a 04/02/13 MRI report showing severe degenerative disc disease at multiple levels, most pronounced at the L4-5 and L5-S1 level with an associated disc bulge. Clinical follow up of 08/12/13 indicated the claimant is with continued complaints of low back with radiating right lower extremity discomfort to the toes. Physical examination finding at that date showed 5/5 motor strength to the lower extremities bilaterally, equal and symmetrical deep tendon reflexes and no sensory deficit. Straight leg raising was negative bilaterally. Gait pattern was normal. Conservative measures were not noted other than pool therapy. At present there is a current request for an L4-5 and L5-S1 lumbar fusion with instrumentation given ongoing clinical complaints. Further imaging is not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 AND L5-S1 POSTERIOR OBLIQUE LUMBAR ARTHRODESIS WITH POSTEROLATERAL FUSION AND INSTRUMENTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Based on California ACOEM guidelines the role of two level fusion procedure would not be indicated. While this individual is noted to be with continued complaints of pain, there is no documentation of progressive neurologic dysfunction on examination or evidence of segmental instability on imaging. The absence of the above would fail to necessitate the acute need of a two level fusion procedure as requested.

TLSO 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.

BONE 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.

HOSPITAL IP 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.