

Case Number:	CM13-0042594		
Date Assigned:	12/27/2013	Date of Injury:	01/11/2012
Decision Date:	02/13/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He 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 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 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 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 has a date of birth 10/ 3 /1957 date of injury of one November 2012. The patient complains of chronic low back pain. He is 55 years old and he has chronic back pain. MRI from March 2012 shows disc bulges and facet arthropathy with disc degeneration L4-5 and L5-S1. Physical examination shows sensation intact in all lower extremity dermatomes and a negative straight leg raising. Faber's test is negative. Reflexes are normal and the patella and Achilles. There is no identifiable radiculopathy on physical examination. It is documented as being normal and heel and toe walk is normal. Motor strength is documented as being 5 out of 5. Lumbar x-rays and flexion-extension revealed less than 4 mm of translation at L4-5. The patient has tried physical therapy and aqua therapy which did not help his pain. At issue is whether surgical fusion at L5-S1 and artificial disc replacement L4-5 I medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient surgery L4-L5 disc replacement, inpatient surgery L5-S1 Lumbar fusion with BMP, psych evaluate with David Torres, preoperative consult with Denes Zoltren for anterior approach: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MYUS Low back pain Chapter pages 306-312 ODG Low Back Pain Chapter

Decision rationale: This patient has not meet established criteria for lumbar spinal surgery. Specifically, there is no documentation of instability greater than 5 mm at any lumbar segment. There is also no documentation of tumor fracture or worsening neurologic deficit. In fact, the physical examination shows normal neurologic function in the bilateral lower extremities. There is no evidence of radiculopathy. The MRI findings showed no evidence of severe spinal stenosis on the official reading of the MRI. Given the fact that there is no instability on imaging studies, no specific radiculopathy on physical examination, and no redness flag indicators for spinal surgery such as concern for tumor fracture or neurologic deficit, this patient has not been established criteria are for spinal surgery at this time. Established criteria for spinal surgery are not met.

Assistant surgeon: Upheld

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

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.

Front wheeled walker post op: Upheld

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

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.

raised toilet seat post op: Upheld

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

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 post op: Upheld

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

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.