

Case Number:	CM13-0042633		
Date Assigned:	12/27/2013	Date of Injury:	08/06/2000
Decision Date:	03/26/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/21/2013

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 Spine Surgery, and is licensed to practice in New York. 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 76 year old male with chronic back pain. On physical examination thoracic lumbar spine have a decreased range of motion. He has tenderness to paravertebral muscle palpation. He has pain with pressure to the left greater sciatic notch indicating sciatic nerve irritation. Straight leg raising is positive at 35°. Deep tendon reflexes at the knees and ankles are 1+. No motor or sensory deficit is present in the lower extremities. There is no evidence of muscle atrophy or disuse function in the legs. Sensation is normal to light touch in the bilateral lower extremities. Range of motion of the hips knees and ankles is normal. Lumbar x-ray from 2005 and showed mild degenerative changes at L5-S1. Lumbar MRI from 2011 shows L4-5 bilateral neuroforaminal narrowing with central stenosis. The patient has been diagnosed with multiple level degenerative disc condition the lumbar spine and left sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Transforaminal Lumbar Interbody Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-310.

Decision rationale: According to the medical records provided for review, there is no evidence of instability, fracture, or concern for tumor. The patient does not have MRI evidence of severe nerve root compression that corresponds to radiculopathy on physical examination. In addition, the patient has no red flag indicators for spinal fusion surgery such as progressive neurologic deficit, tumor, or fracture. The ACOEM Guidelines' criteria for lumbar fusion surgery have not been met. The request for L5-S1 transforaminal lumbar interbody fusion is not medically necessary and appropriate.

Assistant Surgeon: 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.