

Case Number:	CM13-0043165		
Date Assigned:	12/27/2013	Date of Injury:	09/22/2012
Decision Date:	04/18/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/21/2013

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 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 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 patient is a 58-year-old male with a date of injury of September 22, 2012. The patient has chronic back pain. The pain radiates down the lower extremities bilaterally. He has numbness and tingling in both legs. Treatment has included epidural steroid injection. Physical examination is significant for tenderness to palpation of the lumbar spine. Straight leg rising is positive on the right side. Imaging studies show an L1 50% compression fracture and a 30% compression fracture of L3 vertebrae. There is spondylolisthesis of L5-S1 with 4 mm of anterior listhesis. MRI shows disc protrusions at L3 and L4-5. There are multiple levels of disc protrusions with foraminal narrowing in the lumbar spine. There is grade 1 L5-S1 spondylolisthesis. Electro-diagnostic studies from July 2012 show mild chronic left L5 radiculopathy. At issue is whether anterior lumbar spinal fusion is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR DECOMPRESSION AND STABILIZATION AT L5-S1 WITH INFIX CAGE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS page 308-322 , Low Back Pain Chapter: Lumbar Fusion.

Decision rationale: This patient does not meet established criteria for lumbar fusion surgery. Specifically there is no demonstrable instability in the lumbar spine on any imaging studies. There is no abnormal motion noted on any imaging studies in the lumbar spine. The patient does not have any red flag indicators for spinal fusion surgery such as fracture, tumor, progressive neurologic deficit, or instability. Establish criteria for lumbar spine fusion surgery are not met.

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, the associated services are medically necessary.

2-3 DAY INPATIENT 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, the associated services are medically necessary.

VERTALIGN 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, the associated services are medically necessary.